Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Normal Work Days: [ ] S [ ] M [ ] T [ ] W [ ] T [ ] F [ ] S Hours: \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ Lunch: \_\_\_\_\_\_\_\_\_\_\_\_\_

Flexible work schedule agreement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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This agreement acknowledges an understanding of the following:

1. My participation in a personal Physical Fitness Program while on workplace property will be unsupervised. I have been advised to consult with my physician prior to engaging in such a program.
2. Prior to modifying my scheduled work hours to accommodate physical fitness activities, I requested and obtained approval from my immediate supervisor to do so.
3. Operational need takes precedence over my physical fitness activities. I understand that my supervisor has the right to temporarily suspend or cancel my personal Physical Fitness Program agreement if operational need or service to the public and/or customers is not being met.
4. Physical fitness activities for personal pleasure shall be performed only in non-paid status. I shall exercise care while participating in personal Physical Fitness to prevent personal injury or damage to the equipment. I agree to hold the agency harmless for any equipment failure or malfunction.
5. Physical fitness activities for maintaining a condition of employment in accordance with this policy shall not exceed three and one-half hours per week in the workplace. I acknowledge this time is not intended to provide the time needed to achieve total physical fitness. I shall not incur overtime as a result of performing physical fitness activities and shall exercise care while participating in personal Physical Fitness to prevent personal injury or damage to the equipment.

Employee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ] Approved [ ] Not Approved

Adjutant General Personnel Director Signature Date