

**STATEMENT OF UNDERSTANDING AND LIABILITY
FOR FULL-TIME STAFF PHYSICAL FITNESS TRAINING DURING REGULAR WORK HOURS**

For use of this form, see ORNGTPR 339.2 / ORARNGR 690-4 / ORANGI 10-248a. The proponent is JFHQ-OR J1/HR.

The following constitutes an agreement between the parties signing the form who agree to the conditions of the ORNG Full-Time Personnel Physical Fitness Program contained in ORTPR 339.2 / ORARNGR 600-8 / ORANGI 10-248a and terms if this agreement. This form must be completed prior to beginning any exercise program. Supervisors keep the original completed form for their files and, for technician participants, send a copy to JFHQ-OR/J1-HR/ERS.

SECTION I - PARTICIPANT AND SUPERVISOR INFORMATION

1. PT PROGRAM PARTICIPANT NAME (Last, First MI.)	2. STATUS <input type="checkbox"/> a. AGR <input type="checkbox"/> b. TECHNICIAN
3. WORK SITE OR UNIT OF ASSIGNMENT	4. SUPERVISOR'S NAME (Last, First MI.)
	5. SUPERVISOR'S TITLE

SECTION II - STATEMENT OF UNDERSTANDING

I, the undersigned participant and supervisor, acknowledge and agree that:

- I may exercise during my regularly scheduled work hours for a maximum of 90 Minutes per day and up to five hours per week
- I will establish a standard exercise schedule with the approval of my immediate supervisor.
- I will exercise at the beginning of my workday, before or after lunch, or at the end of my workday.
- I will conduct my exercise activity within a reasonable vicinity of my assigned work site at an approved location.
- I will begin and end my exercise activity, which includes travel time, changing clothes, and showering, within the 90-minute time limit or use personal time for these functions if I use a one-half hour exercise period.
- I will take part in a type of exercise activity that complies the guidance in ORTPR 339.2/ORARNGR 600-8/ORANGI 10-248a.
- I will document participation for each exercise period by signing out and in on a roster supplied by my supervisor.
- My supervisor has the authority to deny my participation in a scheduled exercise period based on mission requirements or emergency workload requirements. My supervisor and I will make every effort to reschedule any missed periods within the same workweek.
- My immediate supervisor will keep a signed, record copy of this statement.
- The Oregon National Guard does not supervise exercise periods authorized by this program.
- The Oregon National Guard recommends participants consult with a physician prior to engaging in any exercise program.
- If I abuse the program, I will be subject to having my exercise privileges revoked or further disciplinary action.

And, if I am a Federal Technician, I further agree that:

- I am under no obligation to exercise during regularly scheduled work hours.
- Should I incur injury or death as a result of my exercising during scheduled duty hours, the Federal Employees Compensation Act may cover me.
- Should I incur injury or death as a result of exercising outside my normal workday hours or my participation in an unauthorized activity, the Federal Employees Compensation Act may not cover me.
- My immediate supervisor will furnish a copy of this statement Human Resources Office to be filed with my official personnel file.

My immediate supervisor and I have agreed on the following standard exercise schedule to includes the day of the week and time of each exercise period and which complies with ORTPR 339.2 / ORARNGR 600-8 / ORANGI 10-248a. (Use Week 2 for alternate week schedules.)

6.	Week 1	a. DAY 1	b. DAY 2	c. DAY 3	d. DAY 4	e. DAY 5	f. TOTAL HOURS
	(1) Day						
	(2) Time						
7.	Week 2	a. DAY 1	b. DAY 2	c. DAY 3	d. DAY 4	e. DAY 5	f. TOTAL HOURS
	(1) DAY						
	(2) TIME						

SECTION III - CERTIFICATION OF AGREEMENT

Signature certifies that I have read and understand this statement of understanding and liability concerning the ORNG Physical Fitness Training Program for full-time personnel and agree to the exercise schedule shown on this form.

8. PT PROGRAM PARTICIPANT SIGNATURE	a. DATE	9. SUPERVISOR SIGNATURE	a. DATE
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