BUMED PHYSICAL FITNESS PROGRAM
REQUEST FOR APPROVAL OF EXCUSED ABSENCE AND MEMORANDUM OF UNDERSTANDING FOR PHYSICAL FITNESS ACTIVITIES

I request approval of excused absence, not to exceed 3 hours per week, for the sole purpose of participating in physical fitness activities. I understand and agree to the following:

1. My participation is contingent on the approval of my first level supervisor and concurrence by my second-level supervisor.

2. My participation in the program may be suspended at any time due to the workload demands, failure to comply with any requirement or restriction of the program, irregular or erratic attendance, and/or misconduct or poor job performance.

3. I recognize that this program does not create any substantive rights to future participation in this or similar programs.

4. I may not use excused absence for physical fitness activities on any workday if I have been directed to perform unscheduled overtime or obtained approval for credit hours or overtime for that day, unless the overtime is a result of an emergency situation that was not anticipated prior to the time I used official excused absence for physical fitness activities. This restriction will apply whether I am compensated for overtime work by pay or compensatory time.

5. I must record my excused absence used for physical fitness on my time sheet as "LV/Excused Absence" with a note in the remarks section stating "Physical Fitness." Components using SLDCADA may designate a separate code.

6. I may use up to 1 hour of excused time in any one day for physical fitness activities (not to exceed 3 hours a week). The exercise period may be taken in conjunction with a meal period with the total time not to exceed the authorized meal period plus the exercise period (1 hour). The time includes: travel to and from the exercise site, exercise, and personal hygiene. Any unused time may not be banked for future use.

7. I must report to work before going to the exercise site and I must report back to work after completion.

8. I have completed one of the following:

   a. I have obtained written medical clearance from my physician to participate in a physical fitness program. If requested, I will provide my supervisor with the physician's statement. I fully understand that it is my responsibility to update this medical clearance at least annually or as required by BUMED, and that obtaining this clearance is at my own expense.

   b. I have signed a medical clearance waiver indicating that I am health enough to participate and assume all risks associated with this voluntary program.

9. This document will be placed in a file maintained by my supervisor. I will notify my supervisor immediately if my ability to participate becomes limited in any way.

REQUESTOR		
Printed Name	Signature	Date
FIRST LEVEL SUPERVISOR	☐ Approved ☐ Disapproved	
Comments		
Printed Name	Signature	Date
SECOND LEVEL SUPERVISOR	☐ Concur ☐ Non-Concur	
Comments		
Printed Name	Signature	Date