



MILITARY DIVISION, STATE OF IDAHO

4040 W. GUARD STREET
BOISE, IDAHO 83705-5004

BRAD LITTLE
GOVERNOR

THE ADJUTANT GENERAL
MICHAEL J. GARSHAK

NGID-TAG

February 2019

MEMORANDUM FOR Members and Employees of the Idaho Military Division

SUBJECT: Physical Fitness Program – IDNG-47

References: (a) DoD Directive 1308.1, "DoD Physical Fitness and Body Fat Program," June 30, 2004

(b) Department of Labor (DOL) Federal Employee Compensation Act (FECA) Procedure Manual (PM) Part 2-0804-18, "Performance of Duty"

SUMMARY OF CHANGES: This policy incorporates the requirement for Title 5 employees who do not have military membership in the Idaho National Guard to obtain medical clearance from their civilian provider before being allowed to participate in the physical fitness program. It increases the number of hours an employee may be authorized to participate in the program. The policy changes documentation recording requirements and allows some flexibility for supervisors to authorize participation in the physical fitness program at alternate locations.

1. **PURPOSE.** Physical fitness is a personal and military responsibility, and is foundational to the combat readiness of the Idaho Military Division (IMD). The principal purpose of this policy is to enhance the combat readiness of all deployable formations within the Idaho National Guard by maximizing individual access to physical fitness training by all uniformed and dual-status members of the Idaho Military Division. Secondly, it is well-recognized that physically fit employees are healthier, happier, and more productive. This program is also designed to encourage participation in physical fitness activities for all full time IMD employees, regardless of status, during duty time. This policy provides a work-related, voluntary Physical Fitness Program (PFP) for all full-time personnel of the Idaho Military Division.

2. **APPLICABILITY.** All full-time employees of the Idaho Military Division (IMD) – (IDANG, IDARNG, State Employees). This policy is not intended to restrict commander's authority to authorize physical fitness during drilling and annual training requirements.

3. **RESPONSIBILITY/LIABILITY.**

a. Supervisors are encouraged to promote participation in a PFP as part of their mission responsibilities. Participation in this program is voluntary and must be approved by the immediate supervisor. Supervisors and program participants will maintain both continuity of work and control of the program. Supervisors will ensure that all sections remain operational during established duty hours, while encouraging maximum participation based on existing workload. Mission essential requirements will always take priority over participation in the PFP, but supervisors should make reasonable and

routine duty accommodations to allow employees to exercise the privileges of this policy. Supervisors may temporarily suspend exercise schedules to accommodate any conflicting mission requirements.

b. All Federal and State employee (civilian or dual-status) participants of the PFP must complete a Statement of Understanding and Liability (Attachment 1) prior to starting this program. Supervisors will maintain the completed statement on file. Participating federal employees are required to annotate their physical fitness time on their time cards using the appropriate time codes. This requirement for documentation is necessary in the event of injury and to ensure accountability.

c. Participants should educate themselves regarding their health and physical limitations and restrictions before starting a new fitness program. It is recommended that IMD employees who are also members of the Idaho Air or Army National Guard consult with a physician to obtain advice on beginning a fitness program that will meet personal goals and physical abilities while remaining compliant with specified limitations and restrictions.

For Title 5 employees within the IMD who are not also members of the Idaho Air or Army National Guard, to participate in a PFP during duty hours, a medical clearance is required to participate (Attachment 2).

d. Abuse of the PFP could result in revocation of the privilege.

e. Medical coverage for injuries incurred while performing PFP will depend on rulings made by the appropriate investigative authority.

4. **PHYSICAL FITNESS CLOTHING.** Military uniforms may be worn during physical fitness training in accordance with military regulations and/or instruction. Personnel may also choose to wear civilian attire.

5. **TIME ALLOTMENT.**

a. The use of duty time for physical fitness is a privilege. The intent of this policy is to authorize access to physical training for approximately 1 hour per duty day and is subject to supervisor discretion. Normal break periods will not be used to provide longer periods. The standard lunch break may be used to expand the maximum allowable PFP session—generally not to exceed 1.5 hours.

b. Employees conducting physical training in compliance with this policy are considered "on duty." Use of PFP time should be purposeful and includes any time required to change clothes, warm-up, cool-down, personal hygiene and travel. Supervisors are encouraged to work with employees to permit reasonable flexibility in their duty schedules to allow adequate time for personal hygiene as employees transition to, and from, physical training activities in a professional manner.

6. **AUTHORIZED ACTIVITIES.** Although physical training activities are not prescribed, uniformed and dual-status employees are encouraged to conduct physical training that is relevant to their military physical fitness training and readiness objectives in line with the principal purpose of this policy. Aerobic and strength/toning exercise activities are

encouraged. Supervisors may allow some team sports that provide conditioning benefits with minimal risk of serious injury, provided these activities are conducted safely and with restraint.

7. AUTHORIZED LOCATION.

- a. The intent of this policy is to maximize use of physical fitness facilities at one's duty location. To the greatest extent possible, employees should use the physical fitness facilities at, or nearest, their duty location (i.e. Gowen Field, Mountain Home AFB, armory, etc.) Supervisors may allow employees to participate in the PFP in alternate locations by exception and on a case-by-case basis where written justification and approval is documented; however, there is no guarantee Workers' Compensation will cover an injury incurred as a result of physical fitness activities outside the installation.
- b. With prior approval by the immediate supervisor, personnel may be authorized to conduct physical fitness activities at commercial fitness facilities (at own personal expense) and/or local areas such as roads for running, walking, and biking.
- c. Use of government vehicles for travel to and from commercial or local facilities/areas is not authorized.

8. EXCEPTIONS. Any exceptions to this policy must be requested through supervisory channels to the HRO.



MICHAEL J. GARSHAK
Brigadier General
The Adjutant General/Commander, IDNG

DISTRIBUTION: Electronic

ATTACHMENT 1

STATEMENT OF UNDERSTANDING AND LIABILITY

1. I _____ (print name) acknowledge and agree that:

a. I am authorized to participate in a physical fitness program during duty hours for approximately 1 hour of duty time per day. Participation and time allotment, require the approval of my supervisor and I understand that during certain times, depending on mission requirements, I may not be able to participate for the full 1 hour each day.

b. This program is unsupervised and I am under no obligation to the Idaho Military Division to participate.

c. I understand that the Idaho Military Division recommends that I consult with a physician prior to engaging in this program and that it is a requirement for Title 5 personnel who do not also have military affiliation in the Idaho National Guard.

d. I understand that any injury caused by violating my physical restrictions/limitations- established by a medical provider- could jeopardize coverage compensation under a Workers' Compensation Claim and/or a Line of Duty Investigation. Worker's Compensation coverage is determined by the State of Idaho or the federal Department of Labor (DOL).

e. Federal/State Employees: I will report any injury as soon as possible. If I incur any injury or death as a result of my participation in the physical fitness program on whether on or off the installation, I may be covered under state or federal Workers' Compensation Program as long as there is sufficient documentation to clearly show I was participating in an authorized and approved PFP.

f. Federal/State Employees: If injury or death occurs due to my participation in an exercise program before or past the end of the standard or normal workday, whether on or off the installation, my injury or death may not be covered by state or federal Workers' Compensation Program.

g. I will conduct my exercise program IAW this policy. I will begin and end my exercise period within the time allowed. This time period includes all time used for changing clothes, travel to and from the exercise site, exercising and personal hygiene. I record my time appropriately on my timecard.

h. I will wear either the approved military physical fitness uniform or my own personal clothing.

i. In consideration of mission requirements, I will coordinate approval for my exercise times and location with my immediate supervisor.

2. This Statement of Understanding will be maintained on file by my immediate supervisor.

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

ATTACHMENT 2
(To be completed by Title 5 employees only)

Dear Physician: Please provide the following information to authorize my participation in the Idaho Military Division physical exercise program. Please verify this record with your signature along with your official stamp. Thank you.

Client Name: _____

Client signature: _____ Date: _____

_____ The client may fully take part in a physical fitness program including aerobic, muscular strength, and flexibility training without restriction.

_____ The client may take part in a physical fitness program as described above with the following recommended restrictions (please briefly note any special concerns or precautions you advise).

_____ The client may not take part in a physical fitness program as described above.

If the client uses any medication which may reduce exercise tolerance or alter heart rate or blood pressure response during exercise, please note:

If this patient's training heart rate should differ from that normally recommended for adults of the same age, please indicate the correct range (or, when applicable, note if THR values should be obtained from the patient's rehab center team):

Physician Name: _____

Physician Signature: _____ Date: _____