

**OSD/JCS/WHS CIVILIAN FITNESS WELLNESS PROGRAM (CFWP)  
WELLNESS AGREEMENT**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 113, Secretary of Defense; 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; Director of Administration and Management memorandum, Civilian Fitness and Wellness Program (CFWP), February 10, 2011.

**PRINCIPAL PURPOSE(S):** To document the employee's request to establish a Wellness Agreement and the supervisor's decision.

**ROUTINE USE(S):** None. The DoD Blanket Routine Uses ([http://dpclo.defense.gov/privacy/SORNS/blanket\\_routine\\_uses.html](http://dpclo.defense.gov/privacy/SORNS/blanket_routine_uses.html)) apply.

**DISCLOSURE:** Voluntary; however, you may not be allowed to participate in the Civilian Fitness and Wellness Program unless the form is completed.

**1. EMPLOYEE REQUEST**

An employee requesting participation in the CFWP must complete the following Agreement in its entirety to be eligible for participation in the CFWP.

I, (*print name*) \_\_\_\_\_, request approval to participate in the CFWP as follows:

\_\_\_\_\_ I request the use of regularly scheduled Administrative Leave (Wellness) as indicated below:

|                           |              | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---------------------------|--------------|--------|--------|---------|-----------|----------|--------|----------|
| <b>Regular Work Hours</b> | <b>From:</b> |        |        |         |           |          |        |          |
|                           | <b>To:</b>   |        |        |         |           |          |        |          |
| <b>CFWP Hours</b>         | <b>From:</b> |        |        |         |           |          |        |          |
|                           | <b>To:</b>   |        |        |         |           |          |        |          |

OR

\_\_\_\_\_ I request the use of intermittent Administrative Leave (Wellness). (I understand that I must obtain supervisory approval for each requested use of Administrative Leave (Wellness) prior to using.)

\_\_\_\_\_ I have read the CFWP and agree to comply with all requirements.

\_\_\_\_\_ I certify that, to the best of my knowledge, I have no medical conditions or limitations that would put me at risk of injury or risk of harm to my health if I participated in the CFWP.

\_\_\_\_\_ I understand that participation in the CFWP is not an entitlement and is subject to supervisory approval.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**2. SUPERVISOR DECISION**

\_\_\_\_\_ The use of regularly scheduled Administrative Leave (Wellness) is approved:

As requested. OR

Only on the following days and times (*for the reasons specified below*):

However, I retain the right to cancel or amend as necessary, subject to workload and/or mission requirements.

OR

\_\_\_\_\_ The use of intermittent Administrative Leave (Wellness) is approved, with the understanding that the employee must request supervisory approval prior to each use of Administrative Leave (Wellness). I retain the right to disapprove as necessary, subject to workload and/or mission requirements.

OR

\_\_\_\_\_ Participation in the CFWP is denied for the following reasons:

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Form will be maintained by Supervisor.