Civilian Fitness Program

USASMDC/ARSTRAT Enrollment Packet

Are you ready to jump start your fitness routine?

Enrollment in the USASMDC/ARSTRAT Civilian Fitness Program is as easy as 1-2-3!

- 1. Complete/sign the Civilian Fitness Program contract with your supervisor.
- 2. Complete an initial/post fitness assessment with MDA Fitness Coordinators
- 3. Email the completed packet to (sarah.s.green2.civ@mail.mil) or the Civilian Wellness Program Coordinator (abigale.r.dixon.civ@mail.mil).

When your packet is complete, the Civilian Wellness Program Coordinator will send you and your supervisor an enrollment confirmation!

The fitness program also includes nutritional education using the Army MOVE! Program, occasional e-newsletters, and classes upon availability.

Civilian Fitness Program Contract

USASMDC/ARSTRAT

I commit to regular exercise for one hour, three times per week, for six months. I will focus on challenging my abilities in the pursuit of elevating my physical performance.

I realize enrollment is subject to approval by my supervisor and may be interrupted for immediate work requirements; time allocated for physical fitness is a privilege, not an entitlement. I understand my exercise sessions must consist of command-sponsored physical activities and that abuse or breach of this contract will result in immediate termination from the program. Further, I acknowledge misuse of this time is a workplace infraction and subject to the same disciplinary actions as similar infractions.

This contract is for the one-time enrollment in the Civilian Fitness Program and may not be requested a second time. Should I fail to complete the six-month program, I cannot request to participate in it again. Once enrolled, I am authorized three hours of administrative leave per week for six months to participate in exercise activities using the schedule below, subject to my supervisor's concurrence.

Pro	aram	start	date:
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Program end date:

	Monday	Tuesday	Wednesday	Thursday	Friday
Start time					

I will report the Administrative Leave using code "LN" in KMST. If I am on leave status, including sick leave, during the six-month period, I forfeit those administrative leave hours. I understand that unused exercise hours may not be carried forward into subsequent weeks.

Participant's name:					
Participant's signature:	Date:				
Employees' supervisors must approve participation in the Civilian Fitness Program and certify the participating employee's administrative leave in ATAAPS.					
I approve the above employee's participation in a Civilian Fitness Program using the schedule listed.					
Supervisor's name:					
Supervisor's signature:	Date:				