



MILITARY DEPARTMENT OF ARKANSAS  
OFFICE OF THE ADJUTANT GENERAL  
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NORTH LITTLE ROCK, ARKANSAS 72199-9600

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MAJOR GENERAL  
THE ADJUTANT GENERAL

NGAR-HRO

27 August 2013

MEMORANDUM FOR All Federal Full-Time Employees of the Arkansas National Guard

SUBJECT: The Adjutant General's Policy 2013-27, Use of Official Time for Physical Fitness

1. The memorandum supersedes HRO-D Memorandum, dated 4 August 2008, Subject: Use of Official Time for Physical Fitness.
2. Purpose. The purpose of this memorandum is to continue the authorization of the use of official time for physical fitness for all federal full-time employees of the Arkansas National Guard.
3. Full-time employees are authorized three hours per week (based on an 80-hour pay period) to participate in a physical fitness program. Full-time employees are defined as dual and non-dual status technicians (temporary, indefinite and permanent), Active Guard/Reserve (AGR) members, and Service members serving on Title 32 orders. Note: State Military Department employees should refer to the current Military Department Physical Fitness Opportunity Program.
4. Participation in a physical fitness program is voluntary, and the employee's immediate supervisor must approve participation. Participants should have their doctor and, if appropriate, fitness counselors advise them on a physical fitness program to meet their personal fitness goals. In managing the three hours authorized per week, individuals can exercise one hour three times a week or at other time intervals during the workday not to exceed the three hours allowed per week. Official exercise time can be combined with lunch periods, but not with break time as break time is considered duty time.
  - a. Individuals should be on a routine physical fitness schedule indicating what days and blocks of time they plan to participate in the program. Routine schedules must be approved by the supervisor/commander prior to participating in the physical fitness program. Mission accomplishment remains our primary goal. Mission requirements may periodically necessitate that supervisors disapprove employee participation in the physical fitness program for a period of

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time. Generally, supervisors will not disapprove employee participation for an extended period of time. Employees and supervisors must use sound judgment and common sense to ensure a prudent use of time away from the work site.

b. All physical fitness training periods must start and end at the individual's workplace.

c. Individuals will maintain a high standard of dress and appearance to include the wearing of appropriate physical fitness attire and footwear including shirts, shorts or pants, socks and running shoes unless specifically exempted by the commander for specific mission requirements. Shirts are required to be worn at all times. The physical fitness uniform is not required, and civilian clothes are authorized.

5. This program is not an employee entitlement. The use of official time for physical fitness is a privilege and is provided as an incentive to assist the full-time workforce in maintaining a level of physical fitness that will contribute to successful accomplishment of the physical fitness test. Employees who abuse the program will be disciplined and/or have their privileges to participate in the program revoked.

6. Participants may select the type of activity they wish to participate within the guidelines provided. Examples of acceptable individual activities are listed below:

- a. Running, jogging, walking
- b. Cycling, stationary cycling, rowing
- c. Aerobics
- d. Weight training
- e. Swimming

7. Examples of activities specifically prohibited during duty hours for all federal full-time employees include basketball, volleyball, tennis, racquetball, softball, or any other competitive sport where a score can be kept. These activities are considered high risk. Employees are prohibited from these types of activities unless the event is specifically approved by The Adjutant General in support of mission requirements dictated by the best interests of the Arkansas National Guard.

8. Federal Employee's Workers Compensation Officials have ruled that in the event of a civil service employee's injury or death occurring while participating in the physical fitness program, participation in the fitness program will be considered a part of the employment requirement if the employee complied with the established guidelines. Technicians participating in activities,

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other than those listed in paragraph 6, acknowledge that injuries may not be covered by Worker's Compensation (Federal Employees Compensation Act). Any injury must be reported to the supervisor immediately. Technicians must also complete and forward a Form CA-1 through their supervisory chain to the Human Resource Office within 24 hours of the injury.

9. For the protection of both the employee and the Arkansas National Guard, a liability acknowledgement statement (enclosed) must be completed and signed by both the employee and the supervisor/commander. This ensures mutual understanding of the rights and expectations of both management and the employees. This form will be maintained by the individual's supervisor/commander.

10. The point of contact for this memorandum is the Human Resource Officer at (501) 212-4200.

Encl



WILLIAM D. WOFFORD

Major General

The Adjutant General

**ARKANSAS NATIONAL GUARD  
VOLUNTARY PHYSICAL FITNESS PROGRAM  
FOR FEDERAL FULL-TIME EMPLOYEES**

**LIABILITY STATEMENT**

I, \_\_\_\_\_, acknowledge and agree that:

a. I may voluntarily take part in a physical fitness program during duty hours for a maximum of three hours per week.

b. My participation in this program may be without supervision. I am aware, however, that participation in organized competitive sports or other prohibited activities per TAG Policy 2013-27, Use of Official Time for Physical Fitness is not authorized during this time.

c. It is recommended that I consult with a physician prior to engaging in this program.

d. I will conduct my physical fitness program within a reasonable vicinity (as determined by my supervisor/commander) of my worksite. I understand that I will begin and end my exercise period at my worksite within the allotted amount of time.

e. Days, times and locations of my program may be amended by my supervisor/commander in consideration of mission requirements.

f. I understand that if I abuse this program, my privileges will be revoked.

g. I acknowledge that if I am injured performing physical fitness, I may not be covered by Worker's Compensation (Federal Employees Compensation Act). I understand that I may be personally liable for my injuries if I did not follow guidelines of the current Physical Fitness Policy Memorandum.

h. I understand the establishment of this program and the continuation of it will not and cannot be construed as establishing a past practice or a condition of employment.

i. The program may be terminated at any time by The Adjutant General. The Adjutant General may also deny participation in the program to individuals based on mission requirements or abuse of the program.

j. A signed copy of this acknowledgement will be kept on file by my supervisor/commander.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Job Title & Work Location)