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U.S. ARMY CORPS OF ENGINEERS, SOUTHWEST DIVISION

CIVILIAN FITNESS PROGRAM - SUPERVISOR AND EMPLOYEE PARTICIPATION AGREEMENT

The proponent agency is CESWD-HR

We understand and agree that (Employee Name)_____
will be participating in the command-sponsored Civilian Fitness Program (CFP) for three, one hour sessions each week, for a total of not more than 76 hours over a consecutive six-month period as follows (check one):

◯ 1 July 20____ through 31 December 20____

◯ or 1 January 20_____ through 30 June 20_____

We understand and agree that the specified exercise location will be the place of duty during the authorized fitness/exercise period as follows:

LOCATION (Specify address and CFP facility name)

FITNESS/EXERCISE SCHEDULE (list ACTUAL time allotted for fitness activity) Only a maximum of one hour per day may be authorized.

From: _____ To: _____

FITNESS/EXERCISE PERIODS (select the days of the week) Only a maximum of three days per week may be authorized.

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

We also understand the roles and responsibilities / conditions and agree to the following:

1. The employee has the opportunity for disenrollment within one month from the official start date and retains eligibility to re-enroll at a later time.

2. Exercise days, times, and/or locations may be periodically amended, only with prior approval of the supervisor, and the agreement must be amended to reflect the change.

3. Unused exercise hours may not be carried forward to subsequent weeks.

4. The program end date will not be extended to make up for exercise periods missed because of mission requirements, leave, temporary duty, or any other reasons
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5. No additional duty time is authorized as part of this CFP.

6. Specified exercise periods may not be used for any non-duty purpose. Any period or portion not used in actual fitness training and exercise will be spent at the normal duty workplace accomplishing normal duties.

7. Exercise periods are official duty time. Failure to appear, inappropriate use of exercise time, or misconduct during these periods will be considered a workplace infraction occurring during normal duty hours and subject to disciplinary action.

8. Employee understands if s/he chooses to enroll in a fitness class, utilize a personal trainer, or rent/use exercise gear, etc., that involves a cost or fee, it is the financial responsibility of the employee and SWD will not be responsible for these costs.

9. As a CFP participant I, the employee, will sign in and out at the CPF fitness facility (or with my supervisor, if a log is not maintained at the fitness facility). I understand that I must complete the CFP Post Assessment Survey to complete the program and submit to the Fitness Coordinator.

10. My supervisor and I understand that I am not authorized to start the CFP until I receive the endorsed CFP Notification form approved by my supervisor, attesting that I have met all the requirements to participate in the program.

I also understand that this is a once-in-a-career opportunity. By signing below, I certify that I have not been previously enrolled in a CFP at any other agency or location during my Federal career.

CFP Participation Agreement Signatures:

Printed Name of Employee	Date	Signature of Employee

Printed Name of Supervisor	Date	Signature of Supervisor

CFP PARTICIPATION APPROVAL - ENDORSED BY:

Printed Name of Second Level Supervisor	Date	Approval Signature of Second Level Supervisor