NCR MD CIVILIAN FITNESS AND WELLNESS PROGRAM AGREEMENT

EMPLOYEE REQUEST:

An employee requesting participation in the NCR MD Civilian Fitness and Wellness Program (CFWP) must complete the following Agreement in its entirety to be eligible for participation:

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

___ I request the use of a regularly scheduled Administrative Leave on:
     _____ (day of week) between the hours of _____ and _____.
     _____ (day of week) between the hours of _____ and _____.
     _____ (day of week) between the hours of _____ and _____.

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

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

___ I understand that participation in the NCR MD CFWP is not an entitlement and subject to supervisory approval.

_____   _____

Employee Signature   Date

SUPERVISOR DECISION:

___ The use of regularly scheduled Administrative Leave is approved as requested. However, I retain the right to cancel or amend as necessary, subject to workload and/or mission requirements; or

___The use of regularly scheduled Administrative Leave is approved with the change(s) below. However, I retain the right to cancel or amend as necessary, subject to workload and/or mission requirements

     Change(s): _____ (day of week) between the hours of _____ and _____; or

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

___ Participation in the NCR MD CFWP is denied for the following reasons:

_____   _____

Supervisor Signature   Date