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

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
Regular Work Hours	**From:**							
	To:							
CFWP Hours	**From:**							
	To:							

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 _____