

<p style="text-align: center;">ARIZONA Department of Emergency and Military Affairs POLICY LETTER</p>	<p style="text-align: center;">POLICY LETTER NO. 20.11</p>	
	<p>DATE 24 Jul 2021</p>	<p>OPR DEMA-TAG</p>
<p>SUBJECT: PHYSICAL FITNESS AND WELLNESS PROGRAM (PFWP)</p>	<p style="text-align: center;">AGENCY-WIDE DISSEMINATION</p>	
<p>1. Applicability. The Physical Fitness and Wellness Program applies to all Department of Emergency and Military Affairs (DEMA) state employees and Arizona National Guard (AZNG) personnel (Title 32 (T32) Technicians, Title 5 (T5) National Guard Employees and Active Guard/Reserve (AGR), Full-Time National Guard Duty (FTNGD), and Active Duty Operational Support (ADOS), are collectively referred to as AZNG personnel). Collective Bargaining Agreement (CBA): Employees covered by a CBA must refer to their CBA for guidance.</p> <p>2. Purpose. The Physical Fitness and Wellness Program (PFWP) Policy establishes guidelines for voluntary participation, sanctioned activities, and facilities.</p> <p>3. References. NFPA 1500 Chapter 10.3; NFPA 1583; Army FM 21-20; AFI 40-501; AFI 40-502.</p> <p>4. Policy. The Physical Fitness and Wellness Program is a voluntary program designed to encourage DEMA state employees and AZNG personnel to become physically active to promote a healthier workforce, improve morale, and enhance productivity.</p> <p>5. Participation and Accountability. This guidance provides Authorized Management Officials (AMO) and supervisors the discretion to implement the policy based upon mission requirements. Participation is strictly voluntary. AMO/supervisors will have the authority to approve participation and revoke PFWP privileges at any time for reasons that include, but are not limited to: mission requirements, participant's performance, accountability issues, or abuse of the privilege.</p> <p>DEMA state employees and AZNG personnel, including those teleworking, permitted to participate in PFWP must comply to the following:</p> <ul style="list-style-type: none"> a. Participants must make an email request to his/her supervisor requesting permission to participate in the PFWP and s/he must include the proposed schedule, activities, and facilities. b. DEMA state employees or AZNG personnel with documented attendance, performance, or disciplinary issues within the last 12 months are ineligible to participate in the PFWP. c. AZNG personnel who are military members must comply with applicable military regulations and have a current military periodic examination that does not restrict the requested physical fitness program. d. Participants must obtain written approval from AMO/supervisor prior to participating in the PFWP and the approval will not exceed one (1) hour a day up to three (3) time per week. <i>Note: Three (3) hours per week is considered use or lose: time will not be accumulated or carried over to the next week. Only one block of time per day is authorized under this program. This time includes any travel time, changing of clothes, and showering.</i> e. DEMA state employees must execute a PFWP waiver (Attch.1) and PFWP Policy 20.11 Acknowledgment (Attachment 2) prior to approval to participate in the program, and annually thereafter. 		

6. Supervisor Responsibilities.

- a. The supervisor must determine if mission requirements will allow participation and suspend participation for short periods of time or cancel participation if mission requirements change or overtime is required.
- b. The supervisor may approve participation provided all conditions of this policy are met. A supervisor's denial of an employee's request must be forwarded to the AMO for review prior to notifying the employee of the final decision.
- c. Review, suspend or termination participation if employee is not complying with this policy and/or where issue to include, but not limited to: performance, discipline, or abuse of time issues arise.
- d. Ensure DEMA state employees execute a PFWP waiver (Attch. 1) and PFWP Policy 20.11 Acknowledgment (Attch. 2) prior to approval to participate in the program, and annually thereafter.

7. Activities: Acceptable physical training programs are limited to the following:

- a. Use of approved facilities for resistance and/or cardio training, running, jogging, brisk walking, weightlifting, aerobics, rope jumping, bicycling, rowing, yoga, calisthenics, and other types of cardiovascular exercises and strength training.
- b. Bicycling, walking, jogging, or running programs that begin and end at the worksite of the participant.

8. Facilities. Acceptable facilities participants can use at his or her own risk include:

- a. AZNG facilities will be available to participants in accordance with the current installation policy.
- b. Active-duty military installation (on-base) gym or recreational center.
- c. Private fitness centers or facilities.
- d. Public parks.
- e. Any physical activity performed outdoors on a DEMA/AZNG installation, whether in regular duty status or off-duty status, is to be performed using the buddy system when the temperature is 100°F or greater.

9. Administration. The proponents of this policy are DEMA/HRD and NGAZ/HRO. State Employees and Users refer questions and comments to the 5636 E. McDowell Road, Phoenix AZ 85008-3495, ATTN: DEMA/HRD and AZNG Personnel and Users refer questions and comments to the 5636 E. McDowell Road, Phoenix AZ 85008-3495, ATTN: NGAZHRO.



KERRY L. MUEHLENBECK
Major General, AZ ANG
The Adjutant General

Attachment 1: State Employee Physical Fitness/Wellness Program Waiver

Attachment 2: State (DEMA) Employee Physical Fitness/Wellness Program Policy 20-11 Acknowledgement

This policy letter supersedes Policy Letter 20.11 dated 1 June 2010.

Attachment 1

**DEMA (STATE) EMPLOYEE PHYSICAL FITNESS/WELLNESS PROGRAM
WAIVER AND RELEASE OF LIABILITY**

DEMA State Employees wishing to voluntarily participate in the Physical Fitness Wellness Program (PFWP) must agree (***employee must initial each paragraph***):

_____ 1. Participation in the PFWP can result in personal harm, loss, damage, injury, or death. I accept these risks on behalf of myself and on behalf of my heirs, executors, and assigns. To the fullest extent allowed by law, I waive and release any potential future claim against any and all persons, employees, representatives, agents, and agencies of the State of Arizona, (including, but not limited to, Department of Emergency Management and Military Affairs (DEMA)). DEMA does not warrant or guaranty that the physical location, facilities, equipment, or activity is safe and appropriate for such an activity. It is my sole and personal obligation to ensure that the site and equipment is safe and appropriate for my use.

_____ 2. I am responsible for determining whether I am physically and medically able to participate in an activity. Although the DEMA highly encourages it, I am solely responsible for consulting with my physician to determine whether a physical or medical examination should be undertaken before I participate in an activity and I will abide by any determination, limitation, or recommendation that may be issued by my medical or health care provider. Before, during, and after an activity, I am solely responsible for determining my health and physical status and whether I can or should discontinue my participation in the activity, or take other actions, to protect my health or safety. DEMA assumes no duty to me to ensure my physical or medical ability to participate in an activity, whether before, during, or after such activity.

_____ 3. My participation in the PFWP and any related activity, including related events before and after the activity, is not within the scope of my employment with DEMA. These are voluntary recreational or athletic activities that are not required or expected of my employment and are not covered under Arizona's workers' compensation statutes. As such, I will be personally liable for all costs of treatment or care, or other financial expenditures or financial loss or impairment that might arise from my participation in the PFWP and any related activity.

_____ 4. I will conduct myself in a safe and reasonable manner. I will not participate in Activity while under the influence of medication, drugs or alcohol, or while suffering from any medical, health or other condition (including, but not limited to, illness or injury), that might in some manner potentially cause harm or injury to me, to another participant, or to the property of Department. I will defend and indemnify DEMA, the State of Arizona, and its agents and employees, in response to any claim for injury, damage, or loss arising in some manner from my participation in the PFWP.

THIS WAIVER IS APPLICABLE TO ANY and ALL "ACTIVITIES" RELATED TO MY PARTICIPATION IN THE PFWF PROGRAM, REGARDLESS OF DATE OR CONTENT, UNTIL IT IS EXPRESSLY REVOKED IN WRITING.

Signature: _____ Date: _____

(Please Print) Name/Employee No.: _____

TO BE MAINTAINED IN PERSONNEL FILE

Attachment 2

**DEMA (STATE) EMPLOYEE
PHYSICAL FITNESS/WELLNESS PROGRAM POLICY 20-11 ACKNOWLEDGEMENT**

I, _____, have read the Physical Fitness and Wellness Program (PFWP) Policy 20-11, guidelines and understand that participation in the program is voluntary.

I request approval to participate in PFWP activities for three (3) hours per week. I understand (*employee must initial each line*):

_____ My participation is subject to supervisory scheduling and approval. My supervisor is authorized to allow me a maximum of three (3) hours per week, which cannot exceed one (1) hour per day, during which I may participate in fitness/wellness activities that have been outlined in PFWP Policy 20-11.

_____ I understand that the approved three (3) hours per week will not be accumulated and carried over and the time will include all travel time, changing of clothes and showering.

_____ Time granted to engage in the PFWP is a privilege, not a right, and that use of this time must be balanced with my obligation to accomplish my workload.

_____ I understand that my supervisor may cancel, suspend, or terminate privilege.

_____ I understand all activity engaged in is at my own risk, and I further understand that any injuries resulting from **this activity will not be covered by worker's compensation.**

_____ The fitness activities that have been approved for the PFWP are running, jogging, brisk walking, weightlifting, aerobics, rope jumping, bicycling, rowing, swimming, calisthenics, and other types of cardiovascular exercises.

_____ Should my ability to participate in physical fitness activities become limited in any manner; I will notify my supervisor immediately.

_____ Failure to adhere to the PFWP policy and the AMO/supervisor approved time, activities, and facilities may result in termination of approval to participate in this program and/or lead to disciplinary action.

_____ The activity(ies) I intend to pursue is (are):

_____ The facility(ies) where I intend to pursue this (these) activity(ies) is (are):

Employee's Signature

Date

Print Name/Employee No: _____

FIRST LEVEL SUPERVISOR:

- Requestor is a fulltime employee.
- Enhancement of mission accomplishment considered.
- Requestor has no performance/disciplinary actions or leave abuse issues in the last 12 months.
- Waiver is executed and attached.

Recommend that excused absence approved/disapproved. (circle)

Supervisor's Signature

Date

AUTHORIZED MANAGEMENT OFFICIAL:

Excused absence approved/disapproved. (circle)

Manager's Signature

Date