

**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
<b>Regular Work Hours</b>	From:							
	To:							
<b>CFWP Hours</b>	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 \_\_\_\_\_