



UNITED STATES MARINE CORPS
MARINE FORCES RESERVE
MARINE FORCES NORTH
2000 OPELOUSAS AVENUE
NEW ORLEANS, LA 70114-1500

ForO 12700.1
G-1
8 Jan 2014

FORCE ORDER 12700.1

From: Commander
To: Distribution List

Subj: CIVILIAN WELLNESS PROGRAM (CWP)

Ref: (a) DoD Directive 1010.10, "Health Promotion and Disease/Injury Prevention," August 23, 2003
(b) DON Civilian Human Resources Manual, Work Life Programs, Subchapter 792.4 (NOTAL)
(c) OPNAVINST 6100.2A
(d) MCO P1700.29

Encl: (1) Physical Fitness Assessment
(2) Command Wellness Program Voluntary Waiver for Participation and Consent Form
(3) Civilian Employee Wellness Program Record Sheet

1. Situation. The Office of Personnel Management and the United States Marine Corps have recognized that health promotion programs and a consistent exercise regimen significantly reduce health risks in employees. Participants in fitness and lifestyle programs typically report improved energy levels, job attitude, work performance, and overall moral. These are all critical factors in enhancing productivity.

2. Mission. This Order establishes a continuous health and fitness program based on guidance from the Department of the Navy (DON) for all Civil Service and Non-appropriated Fund personnel assigned to Marine Forces Reserve (MARFORRES) and Marine Forces North (MARFORNORTH). This program will be implemented consistent with the provisions of references (a) through (d). This program is to promote improvement of physical health of participating individuals and to benefit this command through improved readiness and productivity from a healthy workforce. The goal of participation in this program is to encourage employees to pursue health and wellness activities on their own time and adopt personal goals and activities that contribute to a healthy lifestyle.

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) Civilian employees may be excused from duty without charge of leave to participate in the CWP. Supervisors may approve excused absences of no more than three hours per employee, per week to participate in this program. Time cannot be accumulated and carried over from week to week, or from day to day. Employees, with the permission of their supervisor, may add time to their lunch period to participate in this program. The maximum amount of time for lunch and the fitness program cannot exceed one hour beyond the normally assigned lunch period. Participation in this wellness program is a privilege and can be withdrawn at any time the supervisor deems necessary and appropriate.

(b) Excused absences for this purpose cannot interfere with or impede the progress of the command or department's mission.

(2) Concept of Operations

(a) The program will be conducted using one or more of the following approved activities: Running, walking, swimming, weight training, aerobics, biking (to include the wearing of proper protective equipment), stress reduction/relaxation exercise (yoga, meditation, Tai-chi), an organized non-contact team sport, or any other activity as approved by the supervisor and accomplished within the specific timeframe. Any weight training activity shall be restricted to "toning". Power lifting or strenuous lifting will not be authorized as a part of this program. Activities such as golf, bowling, and softball are not considered aerobic activities and therefore are not approved for this program. Questions regarding an appropriate physical activity should be addressed with the first line supervisor.

(b) Since employees participating in this program are in a duty status, injuries sustained during physical fitness activities may be subject to coverage by the Worker's Compensation Program. Employees may only participate in activities for which they are physically able to do and only if approved by their attending physician. Employees, who are injured while performing activities not previously authorized or outside the scope of this directive may or may not be covered under the Worker's Compensation Program. For the protection of both the employee and the Marine Corps, injuries must be reported promptly to the first-level supervisor even if no medical attention is sought. This protects the employee's entitlements if complications develop later. In the case of injury, the following documentation is required: CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation for Pay/Compensation; CA-16, Authorization for Examination and/or Treatment (only if medical treatment is required); and other pertinent forms or documents.

(c) This program may be terminated at the discretion of the Commander due to mission changes or requirements upon completing bargaining requirements, if appropriate. Managers or supervisors may also terminate the program for participating employees due to department mission requirements, program compromise, or abuse. Employees will be provided the reasons, in writing, of the need to terminate participation in the program.

b. Coordinating Instructions

(1) Employees

(a) Participation in the CWP is completely voluntary. Each participant must take full responsibility to ensure a medical physician has authorized participation in a fitness program. The employee will provide the physical fitness assessment contained in enclosure (1) from their primary care provider or physician at the employee's own expense, stating that physical fitness activities are permitted with or without limiting conditions. Each participating employee shall provide a new physical fitness assessment annually and prior to returning to the CWP from any injury, incurred on or off duty. The command will incur no costs for participation or for the physical fitness assessment.

(b) The fitness activities must take place aboard either the Federal City (Old Navy Base) or the Marine Corps Support Facility. The excused time includes any travel to and from the location of the exercise, exercise preparation clothing, and personal hygiene needs. Each employee desiring to participate must complete enclosures (1) and (2) prior to initiating the program.

(2) Supervisors

(a) Supervisors of employees participating in the CWP will determine and control employee participation and must account for the employee's fitness time. This accounting of time must be recorded by each participant using enclosure (3). Supervisors must code the time card "CWPT" for time participating in the CWP. Supervisors may revoke participation of any employee if any abuse occurs. In accordance with appropriate guidance, references, and applicable laws, employees may be disciplined for abusing this program.

(b) Supervisors may grant excused time in increments of 60 minutes or less per absence for CWP and may not exceed 3 hours per week or 1 hour per day. Supervisors may allow an employee to participate at the beginning or end of the workday, or in conjunction with the normal lunch period. Employees who elect to exercise at the beginning of the work day must report to work first and those who elect to exercise at the end of the workday must report back to work prior to departing for home. The program may not be used to arrive late for work or depart early. Participation is not permitted when overtime, compensatory time, or credit hours are earned as a result of being in the program.

(c) Supervisors must provide a copy of enclosures (1) and (2) to the Civilian Personnel Office for each employee prior to commencing the program and annually as updated.

(d) Original copies of enclosures (1) through (3) will be maintained in the employee's work folder located with the first-level supervisor.

4. Administration and Logistics. Recommendations concerning the contents of this Order may be forwarded to the Civilian Personnel Office.

5. Command and Signal

a. Command. This Order is applicable to all commands, organizations, units, and activities under the cognizance of Marine Forces Reserve and Marine Forces North.

b. Signal. This Order is effective the date signed.



G. T. HABEL
Executive Director

DISTRIBUTION: B, D

Copy to: HROM, Kansas City

Directives issued by this Headquarters are published and distributed electronically.

Physical Fitness Assessment

Date: _____

Name of Employee: _____

This is to certify that the above named employee is medically able to participate in physical fitness activities.

If physical activities are limited, please identify any restrictions:

Physician or Health Care Provider Signature

Physician or Health Care Provider Name & Address
(Signature and Address Stamp Acceptable)

The Physician or Health Care provider may provide their medical statement as outlined. This assessment must be updated in the event of a change in the employee's health status, or annually.

Civilian Wellness Program (CWP) Voluntary Waiver
for Participation and Consent Form

I, _____
desire to participate voluntarily in the Civilian Wellness Program.

I understand that this program:

Is voluntary;

Provides me with an opportunity for exercise and health and wellness information;

I understand that participation in this program does not provide me the means to arrive late or depart early from my work place.

I also understand that:

Consulting with my physician before beginning any exercise program is MANDATORY;

The command may grant me excused time not to exceed 3 hours per week to participate in this wellness program. This allotted time will be in conjunction with the lunch period or at the beginning or end of the work day. If I choose to use the beginning of the workday, I understand that I must report to work first. If I choose to use the end of the workday, I understand that I must report back to work prior to departing for the day. Any unused time will not be accumulated. This time includes workout, shower, grooming, and return to the worksite;

The fitness program activities must take place aboard either the Federal City (Old Navy Base) or the Marine Corps Support Facility.

My department head or supervisor may also terminate my program participation due to mission requirements, program, compromise, or abuse.

I understand if I am injured while participating in this wellness program, I may or may not be covered under the Federal Employment Compensation Act.

I will provide a Physical Fitness Assessment from my primary care provider or physician, at my own expense, stating that physical fitness activities are permitted with or without limiting conditions. The Physical Fitness Assessment is to be provided annually and prior to returning to the CWP from any injury.

I will use the Civilian Employee Wellness Program Record Sheet to record my exercise activities and keep that document available for my supervisor.

I further understand that I must report promptly to my supervisor any problems or constraints associated with my ability to participate in this program. I will work closely with my supervisor to ensure that a full understanding of my exercise options is sustained.

The periods I request to exercise, pending supervisory approval, are as follows: (circle and fill in the times for example Mon-Fri 1200-1230, or Mon, Wed, Fri 1501-1600):

Monday Tuesday Wednesday Thursday Friday

(Fill in scheduled time in the blanks above.)

I have read and understand the entire contents of this consent form and my questions have been answered to my satisfaction.

Signatures:

Employee: _____

Supervisor: _____

