



UNITED STATES MARINE CORPS  
MARINE CORPS RECRUIT DEPOT/EASTERN RECRUITING REGION  
PO BOX 19001  
PARRIS ISLAND, SOUTH CAROLINA 29905-9001

IN REPLY REFER TO:  
12000  
G-1  
28 MAY 2019

COMMANDING GENERAL'S POLICY LETTER 002-19

From: Commanding General  
To: Distribution List

Subj: CIVILIAN EMPLOYEE HEALTH AND WELLNESS PROGRAM

Ref: (a) OPNAVINST 6100.2A  
(b) Department of the Navy (DON), Civilian Human Resources Manual (CHRM), Subchapter 792.4 Work/Life Program  
(c) Department of Defense (DOD) Directive 1010.10 dated 22 August 2003  
(d) Memorandum of Understanding between Marine Corps Recruit Depot, Parris Island and the American Federation of Government Employees (AFGE), Local 1951 dated 16 September 2010

Encl: (1) Civilian Employee Health and Wellness Program Agreement  
(2) Civilian Employee Health and Wellness Exercise Record  
(3) Civilian Employee Health and Wellness Physician's Approval Form

1. Purpose. To establish a voluntary Health and Wellness Program (HWP) for appropriated fund (APF) civilian employees in accordance with the references to encourage healthy lifestyles, increase productivity, and yield benefits for both the participants and the Marine Corps.

2. Cancellation. This policy letter will remain in effect until revision or when indicated by the appropriate authority.

3. Information. The references promote and allow civilian employees the opportunity to improve health through physical fitness during the workday. Extensive research has proven that improving health is as easy as making small adjustments and improvements in the activities of daily life. Additionally, research identifies the cost of lost productivity due to poor employee health may be as much as three (3) times the cost of direct medical and disability expenses. Healthy living and exercise fosters physical and emotional well-being, improves physical and mental fitness, enhances quality of life, improves quality of work, and increases productivity.

4. Applicability. This policy letter applies to Department of Navy (DON) APF civilian employees aboard Marine Corps Recruit Depot Parris Island (MCRD PI).

5. Action

a. Establish an effective program that promotes physical fitness and maximizes the associated performance benefits. Each agreement for program participation will be limited to 12 months in duration or until the employee's supervisor changes, whichever comes first. Employees may immediately complete a new application for participation upon completion of the previous agreement or with their new supervisor.

b. Participation is not an entitlement and is contingent on the approval of the first-level supervisor. Participation may be discontinued at any time at the supervisor's discretion and participation in the program will not take precedence over the individual's work responsibilities or the command's mission.

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c. The program will be conducted using one (1) or more of the following approved activities: running, walking, swimming, weight training, aerobics, biking, stress reduction/relaxation exercises (yoga, meditation, Tai-chi) 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, softball, basketball and football are not considered aerobic activities and therefore, are not approved for this program.

d. Employees are authorized no more than 59 minutes up to three (3) times per week, including changing/showering times as well as travel to and from the exercise location. This 59-minute period shall be in conjunction with the employee's lunch period, and is not permitted to be used at the beginning or end of a shift. This time is not cumulative and can not be saved up from day to day and can not include break times. An employee participating in the program will not be afforded additional time for lunch nor be allowed to eat lunch at their desk/work site. Individuals will return to work dressed and ready to report within the allotted time.

e. Employees must obtain approval from their immediate supervisor prior to leaving the worksite for each exercise period to ensure the supervisor can allow the time for that day. Supervisors will work jointly with individuals to determine the feasibility and extent of their participation.

f. Approved employees are considered to be in a duty status during the official administrative time used to perform their chosen physical fitness activity(ies) and agree to hold harmless and release the United States Marine Corps and the United States Navy of all claims and demands resulting from any loss, damage, injury, or death to person or property that may arise due to participation in this program.

g. Employees may use fitness facilities aboard MCRD PI. Use of private commercial fitness facilities off base are not authorized during the employee's workday. If the employee chooses to run, bike or walk on roads and/or trails, they must comply with Depot regulations to include but not limited to observing heat flag conditions. The use of ear buds/phones/jacks is prohibited while running/biking/walking on roads and trails.

h. Employee participation is completely voluntary and should not impact the employee's job evaluation either negatively or positively. Personnel not participating in this program will be treated with the same respect and afforded the same opportunities as any other employee.

## 6. Roles and Responsibilities

### a. Employees

(1) Participation in the HWP is completely voluntary. Employees who wish to participate in the program must request approval from their supervisor by completing the Civilian Employee Health and Wellness Program Agreement contained in enclosure (1). A copy of the signed agreement will be submitted to the G-1, Civilian Program Management (CPM) office prior to commencement of participation in the HWP.

(2) The employee must maintain a record of the date, time, type of activity, location and duration of each exercise period using enclosure (2). This record must be reviewed by the supervisor on a periodic basis.

(3) The employee takes full responsibility to ensure their physician supports the health, wellness and fitness plan to include intensity level and type of activity. Participants must obtain their physician's clearance, with any specified limitations to participation, annotated on enclosure (3) before participating in the program and provide a copy of the physician's clearance to their supervisor.

(4) Employees participating in the HWP will record their time in Standard Labor Data Collection and Distribution Application (SLDCADA) using Type Hour Code (THC) of "LN" for "Administrative Leave" and Environmental Hazard Code (Ehz) of "PF" for "Admin Leave for Physical Fitness."

b. Supervisors

(1) Approve requests for participation that do not impede the mission and review the documentation on enclosure (3) prior to the employee's participation in the HWP.

(2) Be responsible for establishing employee participation schedules, adjusting pre-established schedules when necessary due to mission requirements, and accounting for the employee's time in SLDCADA or the appropriate timekeeping system being utilized.

(3) Will not excuse an employee's absence for exercise on days when an employee is scheduled to work overtime or in cases when overtime, credit hours, or compensatory time hours would result from the employee's absence.

(4) May grant excused time in increments of 59 minutes or less per absence but may not exceed three (3) hours per week or 59 minutes per day.

(5) Maintain original copies of all enclosures in the employee's work folder maintained by the first-level supervisor.

(6) Provide a copy of the enclosures to the G-1 CPM office for each employee prior to commencing the program.

(7) Revoke the privilege of participation if abuse of the program is identified and not promptly corrected. Suspend participation during times when mission requirements demand.

(8) Ensure any employee requesting to participate will be given full opportunity to participate. Management does not have the right to deny participation as punishment for an unrelated issue. Ensure participation is voluntary and enforce equal treatment of all employees whether or not an employee is interested in participating.

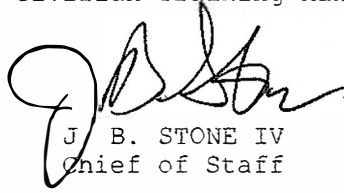
c. Assistant Chief of Staff, G-1, (AC/S, G-1)

(1) Provide advice and guidance to employees and managers that is consistent with this policy.

(2) Administer, monitor, and evaluate the HWP.

(3) Manage a consolidated report of all personnel participating in the program.

7. The point of contact is the G-1 Civilian Training Manager, at 843-228-2547.



J. B. STONE IV  
Chief of Staff

DISTRIBUTION: A

**Civilian Employee Health and Wellness Program Agreement**

I, \_\_\_\_\_, desire to participate in the Marine Corps Recruit Depot Parris Island (MCRD PI) Civilian Employee Health and Wellness Program (HWP).

\_\_\_\_\_ I understand this program uses official work time to allow participation in an exercise program. As such, the rules of conduct while at work apply.

\_\_\_\_\_ I understand participation in this program during the workday must be within the confines of MCRD PI.

\_\_\_\_\_ I understand this agreement is limited to 12 months in duration or until my supervisor changes, whichever comes first.

\_\_\_\_\_ I agree to hold harmless and release the United States Marine Corps and the United States Navy of all claims and demands resulting from any loss, damage, injury, or death to me or my property that may arise due to my participation in this program.

\_\_\_\_\_ I understand I may be authorized to use up to three hours each work week, but I am limited to one hour on any given day. Also, I understand any unused time during the week may not be accumulated, or carried over from one week to another week.

\_\_\_\_\_ I understand participation must be scheduled with and approved using the Civilian Employee Health and Wellness Exercise Record, enclosure (2) of the policy, by my supervisor prior to starting the program.

\_\_\_\_\_ I understand participation in this program does not give me permission to arrive late or depart early from my work place.

\_\_\_\_\_ I understand that consulting my physician before beginning any exercise program is required, and enclosure (3) must be signed by my physician prior to starting the program.

Employee Request Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Civilian Employee Health and Wellness Exercise Record

Employee Printed Name: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Complete and obtain approval prior to commencing

Date	Time	Activity	Location	Start Time	End Time

Employee Request Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CIVILIAN EMPLOYEE HEALTH AND WELLNESS PHYSICIAN'S APPROVAL FORM

Date: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

This is to certify that the above named employee is/is not 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

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.