



**MILITARY DEPARTMENT OF ARKANSAS  
OFFICE OF THE ADJUTANT GENERAL  
CAMP JOSEPH T. ROBINSON  
NORTH LITTLE ROCK, ARKANSAS 72199-9600**

MIKE BEEBE  
GOVERNOR

WILLIAM D. WOFFORD  
MAJOR GENERAL  
THE ADJUTANT GENERAL

NGAR-DSR

10 June 2010

MEMORANDUM FOR ALL Military Department State Employees

SUBJECT: Physical Fitness Opportunity Program

1. This memorandum supersedes memorandum dated 19 May 2006, Subject: Physical Fitness Opportunity Program.
2. Enclosed is the Physical Fitness Opportunity Program applicable to State Employees of the Military Department. This program supports a Healthy Arkansas initiative and will contribute to individual health and fitness.
3. Participation in this program is voluntary and must be approved by the immediate supervisor. Exercise times must be approved and coordinated to ensure complete coverage of all mission responsibilities.
4. Point of contact for this program is the Director of State Resources, phone number 501-212-5111.

Enclosure

A handwritten signature in black ink, appearing to read "W.D. Wofford".

WILLIAM D. WOFFORD  
Major General  
The Adjutant General

# MILITARY DEPARTMENT PHYSICAL FITNESS OPPORTUNITY PROGRAM

7 May 2010

1. **PURPOSE.** This program is patterned after the very successful Arkansas National Guard Federal Employees' Physical Fitness Training Program. It was developed and implemented to assist and encourage State employees to maintain a level of fitness that supports a healthier state work force and a Healthy Arkansas. Additional benefits of this program are decreased sick leave and increased production of employees. This program provides guidance for administering the use of official time in our physical fitness program.

2. **PARTICIPATION ELIGIBILITY.** All State employees of the Arkansas Military Department are being provided the opportunity to utilize the program under the conditions prescribed in this policy. Participation in the Physical Fitness Opportunity Program is voluntary and must be approved by the employee's immediate supervisor. Before starting this program, participants should seek their doctor's advice on an appropriate fitness program to meet their personal goals.

3. **PARTICIPATION TIMES.** State employees may be granted one hour of official time, three days per 40-hour week, for an approved physical fitness program. With approval of the supervisor, an employee may use any part of the workday for the program. Whether combined with the lunch period, taken at the end of the workday, or any other time of the workday, the hour will begin and end at the work site. A copy of a Sign Out/In Register will be maintained in each area in which State employees are participating in the program. State employees will sign out and in on the designated register. Break periods may not be combined to provide longer periods. As always, mission accomplishment remains our primary goal and those requirements may periodically necessitate disapproval by the supervisor of employee participation in the physical fitness program. Employees and supervisors must use good judgment to ensure a prudent balance of time away from the job.

4. **PARTICIPATION APPROVAL.** State employees wishing to participate in the Physical Fitness Opportunity Program will coordinate their time away from the work place for physical fitness training with their immediate supervisor or other designated manager. It is the supervisor's or manager's responsibility to insure adequate mission coverage at all times during normal duty hours. The supervisor/manager may require an employee to choose an alternate time for participation in the physical fitness program on any day or time when the workload or mission coverage requires the employee's presence.

5. **PARTICIPATION ACTIVITIES.** Physical fitness programs should be developed to meet the needs of the individual with activities selected that will ensure successful accomplishment of a healthier lifestyle. To assist in this effort, the following program activities may be implemented, with the approval of your immediate supervisor or manager:

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- a. Jogging, running, or walking.
- b. An exercise program using Nautilus-type equipment.
- c. Cycling and/or calisthenics.
- d. Swimming.

**This program does not allow participation in organized/unorganized sports or athletics (i.e., basketball, volleyball, golf, etc.).**

6. **WORKERS COMPENSATION.** State Employees Workers Compensation Claims Division has previously ruled that injury or death of a State employee is only covered if the employee is performing work-related duties at the time of the injury or death. Activities performed while participating in the Physical Fitness Opportunity Program would not be considered duty-related. Each State employee participating in the program will sign the enclosed acknowledgement statement to verify his/her understanding of this provision. The signed statement must be forwarded through the immediate supervisor to the Agency Directorate of State Resources for inclusion in the official personnel file prior to the employee's participation in the program. It is the immediate supervisor's responsibility to insure that each subordinate employee complies with this requirement before approving participation.

7. **PROGRAM ABUSE.** This program is not an employee entitlement. It is a privilege and is provided as an incentive to assist the State employee work force in maintaining a level of physical fitness that will contribute to good health. It is not intended to provide all the time necessary to maintain a complete physical fitness program. Employees who abuse the program will be disciplined and/or have their privilege to participate in the program revoked.

**WORKERS' COMPENSATION  
ACKNOWLEDGEMENT STATEMENT**

I \_\_\_\_\_ have been informed that the State Employees  
Printed or Typed Name

Workers Compensation Claims Division has previously ruled that injury or death of a State employee is only covered if the employee is performing work-related duties at the time of the injury or death. Activities performed while participating in the Physical Fitness Opportunity Program would not be considered duty-related. I understand that I am participating in this program at my own risk.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date