DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NEW JERSEY NATIONAL GUARD
JOINT FORCE HEADQUARTERS
3650 SAYLORS POND ROAD
JOINT BASE McGUIRE-DIX-LAKEHURST, NEW JERSEY 08640-7600

NGNJ-J1-HRO

28 June 2017

MEMORANDUM THRU

~~COL Mark A. Piterski, Chief of Staff Army, JFHQ, 3650 Saylors Pond Road, Joint Base~~ MAP 7 AUG 2017
McGuire-Dix-Lakehurst, NJ 08640-7600

~~Col Wayne McCaughey, Chief of Staff Air, JFHQ, 3650 Saylors Pond Road, Joint Base~~ OR 7 AUG 17
McGuire-Dix-Lakehurst, NJ 08640-7600

FOR All Full-Time New Jersey National Guard Employees

SUBJECT: Use of Official Time for Physical Fitness Program (PFP)

1. References:

a. Department of Defense Directive 1010.10, Health Promotion and Disease Prevention, 28 April 2014

b. Department of Defense Instruction 1308.3, DoD Physical Fitness and Body Fat Programs Procedures, 5 November 2002

c. NGR 600-5, The Active Guard Reserve (AGR) Program Title 32, Full Time National Guard Duty (FTNGD) Management, 21 September 2015

d. Air Force Instruction 36-2905, Fitness Program, 22 April 2016

e. Air Force Instruction 48-123, Medical Examinations and Standards, 29 January 2013

f. Army Regulation 40-501, Standards of Medical Fitness, 22 December 2016

g. Army Regulation 135-18, The Active Guard Reserve (AGR) Program, 1 November 2004

h. Army Regulation 350-1, Army Training and Leader Development, 19 August 2014

2. Purpose: The goal of the program is to encourage full-time support personnel to participate in a PFP, which will promote better health and physical fitness, increase individual productivity, potentially decrease the use of sick leave, prepare military technicians and AGR personnel to successfully complete the Army and/or Air Force physical fitness test, and to prepare for operational missions.

NGNJ-J1-HRO
SUBJECT: Use of Official Time for Physical Fitness Program (PFP)

3. Eligibility: IAW applicable guidance, a voluntary Physical Fitness Program (PFP) for federal civilian employees (Technicians) and military personnel (Active Guard and Reserve (AGR)) of the New Jersey National Guard, using limited official time is hereby established. Excepted and competitive technicians should participate in a program designed to improve or enhance their overall physical fitness and promote good health. Temporary technician participation in the PFP is at supervisory discretion based on the needs of the mission. Technicians and AGR personnel with medical profiles may participate in PFP within the guidelines of the profile.

4. The use of official time for the PFP is a privilege and not an entitlement. Participation in an on-going PFP, during working hours, is optional for full-time excepted and competitive Technicians and AGR personnel. Subject to supervisory approval, technician and AGR personnel who choose to participate may be allowed one (1) hour of official duty time for authorized PFP activities, up to three (3) days for Technicians and AGR personnel per workweek. Unused time cannot be accumulated for future use.

5. The mission of the New Jersey National Guard is paramount. Therefore, participation in PFP of any employee may be denied by their immediate supervisor, based on mission requirements. Supervisors will ensure each employee who participates in the PFP signs the New Jersey National Guard Physical Fitness Program Acknowledgment Statement (Appendix A).

6. The normal period for physical fitness training is a maximum of one (1) hour on Monday, Wednesday, and Friday. Physical fitness training hours may be during the first hour of the workday, one and half (1.5) hours extended lunch period (one hour PTP with 30 minute lunch), or during the last hour of the workday. However, supervisors may alter the designated PFP schedule to ensure adequate coverage of staff within their section. The PFP scheduled may be changed for those weeks when the standard day off (SDO) or a holiday falls on the normal PFP day. The one (1) hour physical fitness period includes personal hygiene time.

7. Supervisors may take appropriate actions, to include the suspension of this benefit, if PFP impedes the mission, work performance of employee(s) is unsatisfactory, or employee(s) abuses the PFP. The Adjutant General retains the right to discontinue the PFP.

8. Point of contact regarding these procedures is LTC Barbara Brown-Wilson, Deputy J1-HRO, 609-562-0853.

FOR THE ADJUTANT GENERAL:

Lola D. Washington

LOLA D. WASHINGTON
Lt Col, NJANG
Director, J1-HRO

APPENDIX A

NEW JERSEY NATIONAL GUARD
PHYSICAL FITNESS PROGRAM ACKNOWLEDGMENT STATEMENT

1. This statement will acknowledge my participation in the New Jersey National Guard Physical Fitness Program, as implemented by NJDMAVA TPR 700 (792.1).

2. I understand that my participation in the program is optional. I further understand that if I abuse the program, I may be subject to revocation of this privilege.

3. I will conduct my exercise program within a reasonable vicinity of my worksite, or as determined by my supervisor. Times for participation will be approved by my supervisor in consideration of mission requirements. I will participate only in approved activities as outlined by my supervisor. I will sign-out and sign-in during each physical fitness session as directed by my supervisor. I understand that I am subject to recall to the worksite at any time during a physical fitness period.

4. I understand that the establishment of this program and any decision made in regard to the program are decisions that rest with The Adjutant General.

5. This acknowledgment statement will be kept on file by my supervisor.

6. I further understand that participation in this program is strictly optional for all New Jersey Army and Air National Guard AGR personnel, New Jersey Army and Air National Guard military technician personnel, and excepted and competitive technicians.

7. My participation in the New Jersey National Guard Physical Fitness Program is hereby acknowledged below.

By signing The Physical Fitness Program Acknowledgment Statement, I acknowledge that I have been advised of the expectations for participating in the New Jersey National Guard Physical Fitness Program. A copy of signed document will be retained in my local personnel file.

Print Employee Name	Employee Signature	Date

Supervisor's Signature	Supervisor's Position	Date