



**State of New Jersey**  
**Department of Military and Veterans Affairs**  
P.O. Box 340  
Trenton, NJ 08625-0340



**MEMORANDUM**

2 December 2004

**TO:** SEE DISTRIBUTION

**FROM:** COL (Ret) Michael B. Smith  
Assistant Commissioner

**SUBJECT:** Letter of Instruction (LOI) – Physical Fitness Program

**1. PURPOSE:** The purpose of this LOI is to establish the policies and procedures necessary to implement the Department of Military and Veterans Affairs (DMAVA) Physical Fitness Program for State employees.

**2. APPLICABILITY:**

- a. The Physical Fitness Program applies to all State DMAVA employees, to include those at the Army and Air bases.
- b. Participation by employees will be strictly voluntary and is considered a privilege. Authority for the individual to participate may be revoked at any time. A copy of this LOI will be reviewed by state employees so that they may become familiar with its contents.
- c. Employees who participate in the Physical Fitness Program will not create incidental overtime or compensatory time and will not be eligible for Sick Leave Injury (SLI) or State Workers' Compensation.

**3. DEFINITIONS:**

**Exercise Period:** The period of time provided by the department to the employee for the purpose of participating in a physical fitness exercise program is a one-hour unit (comprised of the 1/2 hour allocated for lunch concurrent with an additional 1/2 hour). [The time required for the employee to change clothing shall be included within the Exercise Period.]

**4. PHYSICAL FITNESS MONITOR (PFM):** The following individuals are appointed as Physical Fitness Monitors for various worksites and may delegate PFM

responsibilities. The PFM will act as a liaison between the facility and the Director, Human Resources Division, or direct supervisor, on matters involving this program.

- a. DMAVA Headquarters, Eggert Crossing Road: Director, Human Resources Division.
- b. Veterans Memorial Homes: Respective Chief Executive Officer.
- c. BG William C. Doyle Veterans Cemetery: Deputy Commissioner Veterans Affairs.
- d. Transitional Housing, Veterans Haven: Superintendent.
- e. Veterans Services Offices: Director, Veterans Programs.
- f. Army National Guard Facilities: Respective Station Commander's Representative.
- g. Air National Guard Facilities: Respective Base Civil Engineer.
- h. Joint Training and Training Development Center: Commander
- i. National Guard Training Center: Director.
- j. Homeland Security Center of Excellence: J5/7.
- k. Challenge Youth Program: Director.

## **5. PROCEDURES:**

a. Locations: All Physical Fitness (PF) activities will occur in the immediate area of, or on the grounds of, the normal work site to which the participating individual is assigned. ALL EXERCISE ACTIVITIES MUST BEGIN AND END AT THE WORKSITE.

b. Authorized Exercise Activities and Schedules: In order to reduce the risk of injury to participating employees, the following procedures will be strictly adhered to with safety being of utmost importance. Use of any and all equipment and/or participation in any exercise is at the employee's own risk:

(1) Activities/exercise equipment authorized under this program are walking, running/jogging, treadmill, stationary bicycle, flexibility program, aerobic exercise, resistance training equipment to include Nautilus, Universal, Nordic Track, and free-weights. Competitive sports, which include but are not limited to baseball, football, golf, tennis, basketball, wrestling, etc. are strictly prohibited.

(2) The department will provide no additional equipment other than that which is currently available. Each individual is responsible for proper use and safe handling of the provided equipment in addition to maintaining and securing any and all personal items/equipment.

(3) The department authorizes a maximum of 1-1/2 hours per week for physical fitness activities. A daily maximum of 1/2 hour is established for scheduled PF activity [see 5.b. (4)-(5) below]. This 1/2 hour will be combined with the employee's 1/2 hour allocated lunch period. There is a weekly maximum of 3 days established for non-Scheduled Day Off (SDO) weeks and 2 days established for SDO weeks. No additional time is authorized to the employee to shower and change. At no time is a participant permitted to combine the two authorized 15-minute breaks with the physical fitness time.

(4) All supervisors will make every effort to permit individuals to participate in the program and will consider employee participation when developing work schedules.

(a) Alternating Work Week Schedules: (Bi-weekly maximum of 5 days)

Long week: 8:00- 4:30	M	W	F
Short week 8:00- 4:00		W	F

(b) Times Allotted:

(1) First hour of the work day, lunch break forfeited.

(2) 1/2 hour in conjunction with scheduled mealtime.

(3) Last hour of the workday, lunch break forfeited.

There will be no deviation from the allocated days and times.

(5) The mission of the department is paramount. Participation for any eligible individual on any scheduled PF day may be suspended by the immediate supervisor/manager based on job requirements without written notification. Recall to the worksite may also occur at any time during the physical fitness period.

(6) The privilege to participate may be revoked permanently or for a specified period upon receipt of written notification from a supervisor/manager. No written notification is required for intermittent interruptions due to mission needs.

## **6. ADMINISTRATIVE CONTROLS:**

a. Everyone is encouraged to have a physical screening examination by a physician prior to participating in this or any physical fitness program.

b. Individuals are encouraged to participate on a regular basis in order to obtain the maximum benefits of the program.

c. Employees must sign out from their respective worksite prior to participation and must return to the worksite upon completion of the activity and sign in utilizing the approved Physical Fitness Log (attachment 1). Use of the log form is mandatory to protect the individual and the agency. The form will be available at a designated location for each worksite.

d. The physical fitness monitor is responsible to ensure participation is in compliance with this program.

e. Initial membership in the Physical Fitness Program requires each participant to complete an "Acknowledgement Certificate" (attachment 2) signed by his or her supervisor. The Human Resources Office/Division will retain certificates for all participating employees and confirm participation with all PFMs.

**DISTRIBUTION:**

TAG (MG Glenn K. Rieth)

DAG (Brig Gen Maria Falca-Dodson)

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DVHS (BG Frank Carlini)

DVP (William Devereaux)

CYP (COL Kenneth Prossick, Ret.)

BCE McGuire AFB (Maj Paul E. Novello)

BCE Atlantic City AB (Maj Andrew Abraham)

HS – J5/7

GR (Dr. Wayne Girardet)

PAO (LTC Roberta Niedt)



**New Jersey Department of Military and Veterans Affairs  
STATE EMPLOYEE PHYSICAL FITNESS PROGRAM ACKNOWLEDGEMENT  
CERTIFICATE**

1. This certificate acknowledges my participation in the DMAVA Employee Physical Fitness Program. I certify that I have read and understand the contents of the Letter of Instruction.
  
2. I understand that my participation in the program is a revocable privilege. I further understand that if I abuse the program, I will be restricted from further participation in the program.
  
3. I will conduct my exercise program in the immediate area or on the grounds of my worksite as determined by the Director of Human Resources, my direct supervisor, Facility Physical Fitness Monitor or designee. Participation will be approved in consideration of the department's needs. Exercise sessions will begin and end at the worksite. I will sign out prior to starting the session and sign in at the end of each session, and I understand that I am subject to recall to the worksite at any time during the session.
  
4. I understand that my participation this program is strictly voluntary. Use of any and all equipment and participation in any exercise is at my own risk and I am under no obligation to actively participate in the physical fitness program.
  
5. This acknowledgement certificate will be retained on file by the Human Resources Division/Office.

I certify that I have been encouraged to have a physical screening examination by my private physician prior to participating in the DMAVA Physical Fitness Program. I understand that should I sustain an injury while voluntarily participating in the program that I will be ineligible for State Sick Leave Injury benefits or State Workers' Compensation.

I am aware that I may be restricted from participation in the State Employees Physical Fitness Program.

I am aware that my participation in the State Employees Physical Fitness Program will not create incidental overtime or compensatory time on a Physical Fitness day.

In view of the foregoing, my participation in the State Employees Physical Fitness Program is hereby acknowledged.

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Print/Type Individual's Name	Title	Worksite
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Employee's Signature & Date	Supervisor's Signature & Date
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CF:  
HRD  
Supervisor