

**MEMORANDUM OF UNDERSTANDING
FOR CIVILIAN EMPLOYEE PARTICIPATION IN THE
INSTALLATION CIVILIAN EMPLOYEE PHYSICAL FITNESS PROGRAM**

Typed or Printed Name of Civilian Employee

I understand that my full participation in the installation Civilian Employee Fitness Program will be required for up to three hours each week for a six month period unless illness or injury dictates otherwise.

I understand that participation will be my place of duty if permitted to attend during working hours.

I am also aware that I am not allowed to leave the Installation during my participation in this program and that every hour will be used for exercise or health education classes.

I understand that if I fail to follow these guidelines my participation in the program will be terminated immediately.

Date

Signature