

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

Typed or Printed Name of Civilian Employee

I, _____
(Typed or Printed Name of Civilian Employee's Supervisor)

The supervisor of the civilian employee stated above, understands that he/she will be participating in the Civilian Employee Physical Fitness Program for up to three hours each week for a period of six months. I understand that participation will be the place of duty for the above mentioned individual, and that I agree to allow my civilian employee to attend any instructional classes or workout sessions during working hours for a time frame beginning _____ thru _____.
(Date) (Date)

APPROVED/DISAPPROVED _____
(Supervisor Signature) (Date)

ACKNOWLEDGED/RECORDED _____
(Directorate Training Coordinator) (Date)

APPROVAL/DISAPPROVAL _____
DFMWR, Fitness Coordinator (Date)