



## DEPARTMENT OF THE NAVY

NAVY RECRUITING DISTRICT NEW YORK  
990 STEWART AVENUE  
2ND FLOOR, SUITE 220  
GARDEN CITY, NY 11530-4858

NAVCRUITDISTNYINST 12792.1B  
00

JUL 17 2015

### NAVCRUITDIST NEW YORK INSTRUCTION 12792.1B

Subj: CIVILIAN EMPLOYEE HEALTH PROGRAM AND WELLNESS PROGRAMS

Ref: (a) COMNAVCRUITCOMINST 12000.1  
(b) OPNAVINST 6100.2A  
(c) OPNAVINST 6110.1J

Encl: (1) Voluntary Waiver for Participation  
(2) Informed Consent for Participation

1. Purpose. To establish a comprehensive Health Promotion and Wellness Policy for civilian employees at Navy Recruiting District New York.

2. Cancellation. NAVCRUITDISTNYINST 12792.1A CH-1

3. Policy. Reference (a) and (b) provide the overall policy and procedures for the Health Promotion and Wellness Programs. Reference (c) outlines the Physical Readiness Program applicable to civilian employees. It is the policy of the Department of the Navy to maximize individual performance through programs of physical fitness, the maintenance of good health and the prevention of disease.

#### 4. Responsibilities

##### a. Employees:

(1) May participate in a self-administered health and wellness program on a voluntary basis.

(2) Will fill out and submit enclosures (1) and (2) to their immediate supervisor for approval prior to participation in the program.

(3) Will sign out/in on the daily sign-in sheet for those periods used for physical fitness activities. Sign-in sheet to be maintained by each department head.

##### b. Immediate supervisors are responsible for:

(1) Encouraging employees to participate in the Health and Wellness Program.

JUL 17 2015

(2) Final approval of the time frames allotted for physical training.

(3) Monitoring employees' adherence to the authorized times established for physical training.

(4) Rescheduling the physical training period to another time/day within the same week when high priority work requirements emerge.

(5) Revoking the privilege of participation in the program for employees who are found abusing that privilege by not adhering to the program (for example using the time for purposes other than physical training and fitness). Department heads will spot check logs monthly.

(6) Providing copies of enclosures (1) and (2) to the Activity Health and Wellness Coordinator.

c. The Activity Health and Wellness Coordinator will:

(1) Plan and provide periodic educational programs for the command in accordance with reference (a).

(2) Provide advice and guidance to employees and managers that are consistent with this instruction.

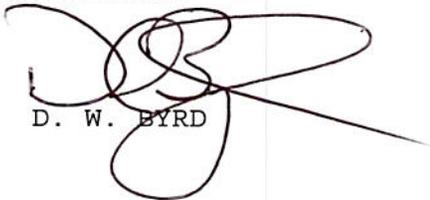
(3) Administer, monitor and evaluate the Health and Wellness Promotion Program.

d. The Commander, Navy Recruiting Command:

(1) Is committed to and will coordinate health and wellness activities to promote the health and wellness of civilian employees.

(2) Has granted up to three hours per week at time periods agreed upon by the supervisor, of excused absence for civilian employee participation in physical fitness activities. These periods may not be combined on the same day. Department heads will spot check monthly.

(3) Has designated the Civilian Liaison as the Activity Health and Wellness Promotion Program Coordinator.

  
D. W. BYRD

Voluntary Waiver for Participation

I, \_\_\_\_\_, request permission to participate in the Civilian Employee Health and Wellness Program at my own risk. In consideration of my acceptance, as a participant, I, for myself, my heirs, executors and administrators, waive and release any and all claims and rights for damages I may have or hereafter may accrue against the U.S. Navy, except, for benefits normally accrued under Workmen's Compensation.

I attest and verify that I am physically able to take part in this program. I am aware that I should consult a physician prior to undertaking any physical fitness program.

Signatures: Employee \_\_\_\_\_

Witness \_\_\_\_\_

Witness \_\_\_\_\_

JUL 17 2015

**Informed Consent for Participation**

1. I, \_\_\_\_\_, desire to participate voluntarily in the Civilian Employee Health and Wellness Program to attempt to improve my general well-being to become a more productive, energetic and supportive employee.

2. I understand that this program:

a. Is voluntary.

b. Provides me an opportunity for exercise and Health and Wellness Education.

c. Enables me to exercise up to three hours per week.

d. Includes my workout and clean-up time.

e. Empowers me to plan, execute and manage my own exercise options within the imposed constraints listed above and my job workload.

f. Empowers my supervisor to know my exercise options and hold me to them.

3. The day/times I plan to "workout" are:

a. Monday      Tuesday      Wednesday      Thursday      Friday  
(Circle the appropriate periods.)

b. During the hours of: \_\_\_\_\_ - \_\_\_\_\_

c. At \_\_\_\_\_ (address of facility)

4. I further understand that I must report promptly to my supervisor any problems or constraints associated with my ability to participate in this program. I will work closely with my supervisor to ensure that the full understanding of my exercise options is sustained.

5. I have read and understand the entire contents of this consent. My questions have been answered to my satisfaction.

Signature: Employee: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Enclosure (2)