

U.S. Forest Service Rocky Mountain Region *Wellness Program*



Note: This corrected copy replaces the Wellness Program dated June 18, 2013.

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Rocky Mountain Region Wellness Program

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Rocky Mountain Region Wellness Program

Overview

The Rocky Mountain Region Wellness Program objectives are to:

- Promote optimal health and well-being through education and screening;
- Encourage employees to participate in fitness and wellness activities as appropriate (i.e., weight loss, smoking cessation, flexibility, muscle tone, aerobic capacity, stress reduction, etc.);
- Enhance each employee's job performance by facilitating the employee's efforts to lead a physically and mentally healthy and productive life, both on and off the job; and
- Enhance unit efficiency and productivity by reducing absenteeism due to illness and injury.

By providing educational and fitness opportunities to increase knowledge and to improve the well-being of those in the program, we will increase personal effectiveness and agency productivity. Improved personal and physical well-being will reduce absenteeism and accidents and promote positive employee morale.

Authorities

There are several policies which affect the establishment, implementation, and funding of the Rocky Mountain Region Wellness Program. For reference, they are listed below:

1. **Title 5, United States Code, section 7901.** Authorizes the head of each agency to establish a health service program to promote and maintain the physical and mental fitness of employees within the limits of available appropriations. <http://www4.law.cornell.edu/uscode/5/7901.html>
2. **Title 5, Code of Federal Regulations, Part 792.** Provides agency requirements for providing health and counseling services. http://www.access.gpo.gov/nara/cfr/waisidx_02/5cfr792_02.html
3. **Departmental Regulation 4400-6 (DR 4400-6) dated December 16, 1996.** Establishes the USDA smoking policy, which includes smoking cessation programs. <http://www.usda.gov/ocio/directives/DR/DR4400-006.htm>
4. **USDA Safety and Health Manual**, dated September 1996 (replaced Departmental Regulation 4400-6, dated June 14, 1993). Provides guidance to agencies to promote wellness that improves employee health, morale and productivity.

5. **Forest Service Manual 6511.13h (FSM 6511.13h)**, dated December 21, 1995. Provides direction on the use of appropriated funds to establish and operate health promotions, disease prevention and physical fitness programs to promote a healthy workforce.
<http://fsweb.wo.fs.fed.us/directives/fsm/6500/6511.13-6512.11.rtf>
6. **Forest Service Manual 6145 (FSM 6145)**, dated May 17, 1996. Encourages Forest Service units to establish employee wellness programs which promote active lifestyles to maintain mental and physical well-being, enhance an individual's ability to lead a satisfying and productive life, and to reduce Forest Service costs by increasing productivity and reducing illness and injuries. <http://fsweb.wo.fs.fed.us/directives/fsm/6100/6140.rtf>
7. **Master Agreement Between FS and NFFE (Article 27.4(e))**, effective October 25, 2010. Parties recognize the benefits of a physically fit and healthy workforce whereby employees may voluntarily participate in a wellness program. National Parties expect collaborative negotiations at the local and intermediate levels. Specific details of each unit's wellness program will be left to the Local Parties. If disagreement arises through negotiations, or application of local agreements, 3 hours of administrative leave per week is the default if workload permits.
http://fsweb.asc.fs.fed.us/HRM/labor_relations/Master_Agreement_2010/MasterAgreementFinal.pdf

Eligibility

All employees in pay status are authorized to participate in wellness education and health risk screening activities with advance supervisory approval.

All permanent employees and term employees with appointments of 6 months or more with approved Individual Wellness Agreements are authorized to receive reimbursement for allowable expenses **or** administrative leave while they are in pay status. Temporary employees are **not** authorized to receive reimbursement or administrative leave.

Note: Employees who are allowed work time for exercise under other authorities or programs are excluded from also participating in physical fitness activities under the Wellness Program during any period of time that would result in a duplication or overlap of coverage. For instance, primary firefighters are permitted up to one hour per day for fitness development during the fire season when they are not engaged in fire suppression activities (Ref 5100/6100 memo, Firefighter Physical Training Program). These employees may participate in physical fitness activities under the Wellness Program at other times of the year.

Employees in travel status: Employees who are in travel status are encouraged to use the fitness room provided by the facility in which they are staying, if available. Under certain conditions it may be permissible to use a government owned or leased vehicle to participate in an approved wellness activity while in travel status. Contact your supervisor if you have questions.

Termination from the program: Failure of an employee to fulfill the requirements of their Personal Fitness Program Contract may result in the termination of their authorization to participate in this Wellness Program.

Administration

1. The Regional Safety Committee administers this Wellness Program in accordance with the authorities listed above.
2. This Wellness Program may be modified at the forest level to meet local circumstances, subject to collective bargaining obligations, where applicable.
3. This Wellness Program provides all employees with opportunities to increase their health and wellness awareness and knowledge through educational materials and events.
4. This Wellness Program allows employees to participate in approved activities and programs that support their health and well-being.
5. This Wellness Program participation is strictly voluntary; however, all employees are encouraged to participate. Wellness participation has no bearing on performance reviews.
6. Supervisors and employees are responsible for maintaining copies of all associated Wellness Program document. Wellness screening questionnaires and medical authorizations will be kept in a secure location and not distributed to Budget and Finance.
7. Employees who are injured while participating in an approved wellness activity, may file workers' compensation claims with the Department of Labor (refer to Federal Employees Compensation Action, 5.U.S.C. 8108, et seq). When developing their Individual Wellness Agreement, employees should consider activities that limit the potential for injury or illness.
8. The Forest Service is aware of major benefits of a wellness program to both the organization and to individuals that has been identified in the research and application. The Regional Wellness Program Coordinator is the point of contact for this program. As needed, the Wellness Program Coordinator will provide feedback with recommendations for improvement of this program and its implementation to the Region 2 Partnership Council. *The Partnership Council agrees to monitor and adjust this program or its parts upon mutual agreement.*

Wellness Activities

Education

All employees are encouraged to learn about how they might improve and maintain optimal health and wellness. This program component provides employees with information on an array of topics such as nutrition, stress management, weight management, smoking cessation, disease prevention, and other wellness issues. Forests and units are encouraged to sponsor and/or encourage

employees to participate in wellness education activities, such as seminars, workshops, health fairs and other health risk screening activities, and Federal Fitness Day events. Wellness education may also include sending employee newsletters, publications and other wellness literature. Wellness education does not include any physical exertion.

Employees are not required to “enroll” in the Wellness Program to attend wellness education activities. If the workload permits, supervisors may authorize official time (code 01) to employees who wish to participate in wellness educational activities.

Physical Fitness Activities

Employees are encouraged to participate in health and fitness activities to meet their personal wellness goals within any limitations established by their health care provider.

Following are approved physical fitness activities that employees can participate in as part of the Wellness Program:

Aerobic walking	Aerobics; Bicycling (roads with approved helmet)	Calisthenics
Cross training	Cross-country skiing (groomed trails)	Fitness classes
Free weights	Hiking	Jogging
Non-contact marital arts (Tai Chi, etc.)	Pilates	Racquetball
Rowing machines	Running	Ski machine
Skipping rope	Stair/step machine	Stationary bicycle
Stretching	Swimming (in a pool)	Tao bo
Tennis	Treadmill	Walking
Weight machines	Yoga	

The following activities are not included in the wellness program:

Basketball	Golf	Soccer
Canoeing/kayaking	Hockey/rugby	Softball/baseball
Contact-type martial arts	Ice skating	Table tennis
Dancing	Off road biking	Volleyball/wally ball
Downhill skiing	Snowboarding	Telemark Skiing

Alternate Health Programs

This Wellness Program supports a wide range of structured programs that serve to meet personal wellness goals including weight management, stress management, and smoking cessation, in addition to physical fitness.

Alternate health programs include weight management, stress management, mental resilience or mindfulness, and smoking cessation. These structured programs may be authorized and provided as group activities for employees or as part of an Individual Wellness Agreement. The approving

official must consider the potential for injury and how the activity might be perceived by the public.

Wellness Program Enrollment Options

Employees who wish to participate in approved physical activities or alternate health programs must enroll by obtaining an approved Individual Wellness Agreement (Attachment 1). The agreement requires that the employee identifies the approved wellness activities, proposed schedule, and frequency. The employee must also elect only one of the two options: Reimbursement for Allowable Expenses or Administrative Leave. **Employees MAY NOT simultaneously elect both options.**

The employee must also provide a Wellness Screening Questionnaire (Attachment 2) or Medical Authorization (Attachment 3). The Wellness Screening Questionnaire may be used by employees who are younger than 45 years old and who can self-certify that they have none of the listed potential health risks. The Medical Authorization is required for employees who are 45 years or older regardless of health and those employees who identified a potential risk on the screening Questionnaire. Any expense associated with obtaining medical authorizations is the responsibility of the employee and not reimbursable under this program.

Individual Wellness Agreements, along with the applicable medical information, must be updated at least every two years.

Reimbursement for Allowable Expenses

Employees who have selected the reimbursement option as part of their approved Individual Wellness Agreement may be reimbursed up to \$35/month. Part-time and part-year employees are reimbursed using a prorated percentage of their guaranteed hours or pay periods of work.

Nicotine replacement therapy (i.e., nicotine replacement gum and patches) is reimbursable as of part of a smoking cessation program). Reimbursements will be made consistent with guidelines set out in FSM 6511.13h, and only as allowed by law, regulation or policy.

Initiation fees, exercise clothes, towel fees, equipment, and food (even if associated with a weight-management program) are not reimbursable expenses; these items are the responsibility of the employee.

Attendance Requirements

Employees must certify that they have participated during the reimbursement period by providing a record of attendance from the health program provider and/or by completing the **Wellness Attendance Record (Attachment 4)** to their supervisor. Required participation frequency for most structured health programs, such as health clubs, is 9 times per month. Required attendance frequency for alternate programs will be mutually determined by the employee and supervisor.

The supervisor may waive attendance requirements due to circumstances, such as work scheduling, extended details, official travel, family medical leave, or illness may interfere with an employee's ability to abide by the conditions of their wellness agreement. It is the employee's responsibility to promptly place memberships on hold or to terminate the membership, and to notify their supervisor of the change.

Requests for Reimbursement

It is the employee's responsibility to provide all of the requested documentation needed to process Wellness reimbursement claims. The supervisor must ensure that all associated Wellness Program attendance requirements have been met.

Reimbursement claims are handled through by Budget and Finance. To apply for reimbursement, employees must follow ASC procedures, including submitting a completed [FS 6500-229 Request for Reimbursement Form](#) with supporting documentation (Individual Wellness Agreement and proof of payment (canceled checks, receipts, or letter on business letterhead) through their supervisor to Budget and Finance.

Information on the employee reimbursement process can be found on the ASC Budget and Finance webpage at <http://fsweb.asc.fs.fed.us/bfm/programs/financial-operations/payments/miscellaneous/employee-reimbursements.php>.

Administrative Leave Option

Employees who select the administrative leave option may receive up to three (3) hours per week, of administrative leave for activities covered by their Individual Wellness Agreement, **if their workload permits**.

Scheduling of Administrative Leave

Wellness activities should be scheduled at a time that is mutually agreeable between the employee and his/her supervisor. Utilization of the Wellness Program periods of heavy workload is at the discretion of the supervisor.

Activities normally should be performed during, immediately preceding, or immediately following an employee's already established work schedule. However, employees may elect to participate in the Wellness Program outside of their established work hours, from 5 a.m. to 10 p.m. For example: an employee who works 7:00 a.m. to 2:30 p.m., may go home and then be granted administrative leave for exercise performed from 7:00 to 8:00 p.m.

Employees will not be granted administrative leave for wellness activities on holidays and on days that they do not work.

NFFE Bargaining Unit employees: All terms of the Master Agreement apply to this wellness program. Administration of this program may not violate or conflict with any provisions of the Master Agreement for NFFE bargaining unit employees, particularly in relation to Article 19, Work Schedules.

Timesheet Certification and Coding

The employee's signature on the Time & Attendance (T&A) report certifies that the employee participated in fitness activities during the time administrative leave was charged.

Administrative leave used for wellness activities cannot exceed one hour per day or be less than 15 minutes per day. Unused hours cannot be carried over to the next week. Employees cannot use administrative leave to account for travel time for any activity.

Credit Hours: Credit hours may not be earned during wellness time. The purpose of the Administrative Leave option is to allow an employee to use some base hours for wellness participation. If, at the end of the pay period, an employee has exceeded their base hours, then Credit Hours Earned would be charged for the extra hours worked, not for wellness participation.

Sundays: Only employees who are regularly scheduled to work on Sundays may be granted administrative leave for fitness activities on a Sunday.

Night Differential: If an employee's normal schedule does not include night pay or night shift differential, they are not entitled to night pay or night shift differential while participating in the Wellness Program when they exercise between 6:00 p.m. and 10:00 p.m. or between 5:00 a.m. and 6:00 a.m.

Individual Wellness Agreement

This form is required for enrollment in the Rocky Mountain Region Wellness Program.

To be completed by the EMPLOYEE		
Employee's Name:	Unit:	
Supervisor's Name:	Section:	
My Work schedule is:		
<input type="checkbox"/> FULL-TIME (80 hours/pay period) <input type="checkbox"/> Fixed-Schedule <input type="checkbox"/> Flexible-Schedule		
<input type="checkbox"/> PART-TIME (show regularly scheduled hours per pay-period):		
<input type="checkbox"/> PART-YEAR (show number of guaranteed pay-periods):		
My Wellness Program/Activity(ies):		
My Program/Activity schedule: (describe attendance or participation frequency)		
Select ONE:		
<input type="checkbox"/> OPTION 1: REIMBURSEMENT OF ALLOWABLE EXPENSES Not-to-exceed \$\$35/month. <ul style="list-style-type: none"> I understand that if I am on a part-time or part-year work schedule, reimbursement will be prorated based on the amount of time I work. OR 		
<input type="checkbox"/> OPTION 2: ADMINISTRATIVE LEAVE of three hours per week. <ul style="list-style-type: none"> I understand that if I am on a part-time work schedule, the amount of administrative leave will be prorated based on the amount of time I actually work in a given week, rounded to the nearest 15 minute increment. 		
<ul style="list-style-type: none"> I have read and understand the provisions and requirements of the Rocky Mountain Region Wellness Program. I agree to abide by all conditions and requirements of the Rocky Mountain Region Wellness Program applicable to my approved activity(s). I am personally responsible for payment of all costs associated with my enrollment and that I may be reimbursed only for authorized expenses to maximum allowable limits. If I fail to comply with these requirements, this agreement may be limited or terminated by my supervisor. Any changes to this agreement must be approved by my supervisor in advance. I have provided a Wellness Screening Questionnaire or Medical Authorization to my supervisor. This Agreement is valid for two (2) years. 		
Employee signature	Date Agreement Initiated	Renewal Date
To be completed by Supervisor		
REQUEST IS:		If limited, modified, or disapproved, explain:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Supervisor (type or print name)		Signature

Wellness Screening Questionnaire

Do NOT use this form if you are 45 years of age or older regardless of health, or if you have any of the following symptoms, conditions, or potential health risks. In those cases, a Medical Authorization (Attachment 3) is required.

Employee's Name: _____

I certify that do not have the following symptoms, conditions, or potential health risks:

High blood pressure (above 140/90 at screening)

Cigarette smoking (within the past 5 years)

Family History of heart disease (parent, sister or brother age 50 or younger)

Diabetes or Diabetes Mellitus

Presently have a sedentary lifestyle

Bone or joint problems

Symptoms of coronary heart disease

Asthma

Employee Signature

Date

Wellness Screening Questionnaire must to be updated every two (2) years and provided to the supervisor.

Wellness Medical Authorization

A medical authorization is required as a prerequisite for any employee who is 45 years old or older regardless of health and for employees who cannot self-certify that no health risks were identified on the medical questionnaire.

Note to health care provider: Use of this form is optional. You may provide your own signed authorization (i.e., statement on a prescription pad or use your own letterhead).

Patient Name:

Authorizing Physician's Name:

Authorizing Physician's Phone:

- This patient may participate in an unsupervised exercise program offered through the USDA Forest Service. This may include an array of aerobic conditioning (such as bicycling, x-country skiing, walking/running, or rowing) and muscle conditioning (calisthenics or weight training).

Please specify recommendations, limitations, or comments that the Forest Service, as administrators of this program, should be aware of:

- Alternate health programs or activities are recommended for this patient. *If so, please specify (e.g., weight management, stress management, smoking cessation classes, and workshops).*
- Patient condition warrants reevaluation of this wellness authorization within less than 2 years? If so, when?

Physician's Signature:

Date:

Wellness Attendance Record

This form is required for the reimbursement option. Copies will be maintained by the employee and supervisor.

Employee Name:						Staff:						
Program Year:						X: Workout / participation day (except vacation or travel)						
Contract Renewal Date:						V: Vacation workout day T: Travel workout day						
Date	O c t	N o v	D e c	J a n	F e b	M a r	A p r	M a y	J u n e	J u l y	A u g	S e p t
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Employee signature: _____ Date: _____