



DEPARTMENT OF THE NAVY
NAVAL SERVICE TRAINING COMMAND
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GREAT LAKES, ILLINOIS 60088-2845

NSTCINST 6100.1B
N00
26 Apr 13

NSTC INSTRUCTION 6100.1B

Subj: HEALTH AND WELLNESS FOR CIVILIAN EMPLOYEES

Ref: (a) NETCINST 6100.2 series
(b) OPNAVINST 6100.2 series
(c) Navy Civilian Human Resource Manuals (CHRM), Subchapter 792.4 at Appendix A, located at <http://www.public.navy.mil/donhr/Documents/Civilian%20Human%20Resources%20Manual/CHRM%20792.4.pdf>
(d) NSTCINST 12610.2 series

Encl: (1) [Civilian Employee Health & Wellness Program Voluntary Waiver for Participation and Consent](#)

1. Purpose. To establish, implement, and provide instructions for conducting a Health and Wellness (H&W) program for civilian employees of Naval Service Training Command (NSTC). NSTC activities are authorized to establish an H&W program for civilian employees.

2. Cancellation. CNSTCINST 6100.1A.

3. Background. References (a) through (c) provide the overall policy and procedures for the Department of the Navy (DoN) H&W Program. It is the policy of the DoN to maximize individual performance through programs of physical fitness, maintenance of good health, and prevention of disease. Reference (d) provides time and attendance policy regarding the NSTC H&W program.

4. Eligible Participants. The NSTC Health and Wellness (H&W) Program is limited to civilian personnel who have completed enclosure (1). Contractor employees are not eligible to participate.

5. Responsibilities:

a. Chief of Staff:

(1) Encourages supervisors to support employee participation in the H&W Program

(2) Reports to NETC on the status of the H&W Program on an annual basis by 1 October of each year, per guidance in reference (a).

(3) Designates the NSTC H&W program coordinator by NSTC collateral duties notice.

b. NSTC H&W Program Coordinator:

(1) Provides advice and guidance consistent with this instruction.

(2) Administers, monitors, and, on a periodic basis, evaluates H&W Program modifications.

(3) Makes recommendations to the Chief of Staff based on evaluation findings concerning the effectiveness of the H&W program and the need to revise any H&W Program resources or guidance.

(4) Prepares and submits reports on the status of the H&W Program when requested by the Chief of Staff and, on an annual basis, by 1 September of each year.

c. Supervisors:

(1) Maintain a completed Civilian Employee Health & Welfare Program Voluntary Waiver for Participation and Consent Form, enclosure (1), for each employee participating in the H&W program.

(2) Are encouraged to grant leave or, if practical, consider a flexible schedule to support an employee's participation in an exercise program or other physical fitness activity within the parameters set by reference (d).

(3) Monitor employee adherence to the authorized time established for this program, rescheduling or cancelling the time periods as necessary to meet mission requirements. Supervisors will work with the individual employee to determine the feasibility and extent of their program participation.

(4) May revoke or cancel the privilege of participation in the program for employees who are found to be abusing program policies.

(5) Ensure Enterprise Safety Application Management Systems (ESAMS) users log onto https://esams.cnic.navy.mil/esams_gen_2/loginesams.aspx to report any injury, mishap, or near miss incurred during participation in the H&W program.

d. Civilian Employees:

(1) May participate in the NSTC H&W program. Employee participation in the H&W Program is voluntary. Participants must complete and submit enclosure (1) to their immediate supervisor for approval prior to participation.

(2) May take part in one or more of the following activities: running, walking, swimming, weight training, aerobics, biking, stress reduction/relaxation exercises (yoga, meditation, Tai-chi), or any other similar activity approved by the supervisor that can be accomplished in compliance with references (a) through (d). Employees shall adhere to and engage only in the activities specifically identified in the exercise program approved by their supervisor using enclosure (1).

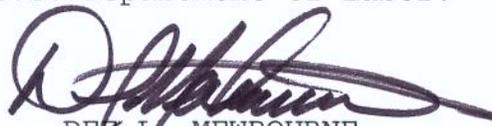
(3) Are required to have a medical screening prior to the commencement of their physical fitness program that approves their participation in the desired activity or activities. The cost of this screening is the responsibility of the employee and will not be reimbursed by NSTC.

(4) Who participate in the NSTC H&W program must exercise within the confines of the installation on which their primary work site is located. If appropriate facilities are not available on the installation, the employee must request permission from the H&W Coordinator via his or her supervisor for permission to participate in program away from the installation.

(5) Must pay all fees incurred in participating in the NSTC H&W program. These fees are deemed to be personal, must be paid by the employee, and will not be reimbursed by NSTC.

6. Additional Activities. Per reference (a), the NSTC H&W program consists of awareness, education, motivation, intervention, and action activities. Subject to availability of funds, NSTC may also promote health and wellness by holding health fairs, health screenings, and similar events to increase employee awareness and motivation, thereby promoting a healthier workforce.

7. Federal Employees Compensation Act (FECA) Claims. Per reference (a), all FECA claims filed as a result of participation in a health and wellness program are subject to final adjudication regarding coverage and benefit amounts by the Office of Workers' Compensation Programs (OWCP), U.S. Department of Labor.


DEE L. MEWBOURNE

Distribution: (NSTCINST 5216.1B)
List 3 and 4

26 Apr 13

**CIVILIAN EMPLOYEE HEALTH & WELLNESS PROGRAM
VOLUNTARY WAIVER FOR PARTICIPATION AND CONSENT**

I, _____, wish to participate voluntarily in the NSTC Civilian Health & Wellness Program with effort to improve my general well-being in hopes of becoming a more productive, energetic, and supportive employee.

By signing this waiver, I understand that this program:

- Is completely voluntary and in no way required by NSTC or any other component of the Navy.
- Presents me with the opportunity for exercise and to learn more about health and wellness.
- I can participate only in the activities designated below during the dates and time periods specified below.
- My supervisor may revoke my participation if I fail to comply with program requirements, including timekeeping.
- I will be authorized to participate in this program only so long as I can also successfully and timely perform the duties of my position.
- Participation does not allow me to arrive late or depart early from my work place.
- I can be granted administrative leave (excused time) only for the first 90 days of my participation in the Health and Wellness program. If I wish to continue my participation thereafter, I must use leave or work on a flexible work schedule that permits hours to vary to account for time spent in fitness activities.

I also understand that:

- **I must consult with and obtain medical clearance from my primary care physician before I can begin participating in any physical fitness program.**
- I agree it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to continue to participate in the program.

Enclosure (1)

- Participating in this program involves risks and dangers, and I expressly assume all risks associated with participating in the NSTC Health & Wellness Program including, but not limited to, bodily injury, permanent disability, illness, equipment failure, and other undefined harm or danger which may not be readily foreseeable.
- I will comply with all the requirements set forth in the NSTC Instruction, a copy of which has been provided to me.

The days and times per week I choose to participate in fitness activities are:

Monday: _____ to _____ Tuesday: _____ to _____

Wednesday: _____ to _____ Thursday: _____ to _____

Friday: _____ to _____

Location of fitness activity: _____

ADD TYPE OF ACTIVITY

Any changes to the above will require submittal of a new agreement and approval by my supervisor.

Participant's signature

Date

Supervisor's signature

Date

This Agreement has been:

() **Approved**

() **Disapproved**

Comments: