

Guam Economic Development Authority Physical Fitness & Wellness Program Policy

I. Authority

In March 2012, E.O. 2012-07 was signed implementing the Government of Guam Worksite Wellness Program (WWP). The executive order supersedes all existing Government of Guam employee worksite fitness and wellness plans or programs resulting from Executive Orders 98-21 and 2009-08. The “new” WWP is designed to provide a holistic approach to employees’ worksite wellness. The program is standardized to all government agencies and departments.

II. Purpose

The Worksite Wellness Program is the Government of Guam’s physical fitness and wellness program developed for Government of Guam employees. This program is uniquely designed for employees who wish to improve their overall health, quality of life, and productivity by engaging in physical fitness and wellness activities. These can lead to increased efficiency and better service in the workplace.

III. Goals

The Worksite Wellness Program strives to improve the health, well-being, and productivity by supporting each employee’s goal for better health and wellness. The program aims to increase awareness of positive health behaviors through wellness education and other activities, to motivate employees to voluntarily adopt healthier behaviors and to provide opportunities and a supportive environment to foster positive lifestyle changes.

IV. Guidelines

1. Full-time GEDA employees are eligible to participate in the Physical Fitness and Wellness Program.
2. Employees may participate in their fitness and wellness activities for **not more than one (1) hour a day and not more than three (3) days per week**. The one hour includes preparation time for the activity, personal hygiene time after the activity, and travel time back to the workplace. Employees will not be allowed to accumulate or “bank” their hours so that they can utilize three Worksite Wellness Program hours for one day.
3. An employee may participate in their fitness activity if they have completed an entire day of work. Employees cannot be on annual, flex, or sick leave for half a workday then participate in their fitness program for the remainder of the day. Additionally, excessive tardiness, unjustified absences and nonproductivity will result in suspension of the employee’s participation in the program. Employees must prioritize the Authority’s daily operations before engaging in their respective fitness program.
4. Employees that choose not to participate in the Worksite Wellness Program are not to use the time allotted for the program for personal business and must be at their place of work.
5. Employees are hereby informed that the mission of the agency takes precedence over the Worksite Wellness Program when schedules conflict.

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6. Employees participating in physical fitness and wellness activities offered outside of the Government of Guam will be at their own expense.
7. Employees who choose to participate must complete all registration forms and submit to personnel. If employees do not submit all required documents, they will not be allowed to participate.

V. Procedures

Employees must provide the required program documents to personnel. As necessary, each employee is also responsible for providing updated documents to their supervisor. All documents will be filed in the employee's fitness record and kept confidential. No other person may have access to these records unless authorized by the employee.

1. Worksite Wellness Program Policy Acknowledgement and Waiver of Liability
2. Appendix A – Registration and Statement of Medical Clearance
3. Appendix B – Lifestyle Checklist
4. Appendix C – Fitness Timesheet (must be approved prior to participating in each fitness activity and attached to employee's timesheet for payroll processing)

VI. Fitness Time Options

Employees may choose one option for each day, not to exceed three (3) days per week and must be approved by his/her supervisor in advance.

Option 1	MORNING WORKOUT 8:00 a.m. to 9:00 a.m. – Fitness Program Employee will arrive at work no later than 9:00 a.m.
Option 2	LUNCHTIME WORKOUT 11:00 a.m. to 12:00 p.m. – Fitness Program 12:00 p.m. to 1:00 p.m. - Lunch
Option 3	LUNCHTIME WORKOUT 12:00 p.m. to 1:00 p.m. – Fitness Program 1:00 p.m. to 2:00 p.m. – Lunch
Option 4	END OF DAY WORKOUT 4:00 p.m. to 5:00 p.m. – Fitness Program Employee will leave work early and go directly to activity site.

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VIII. Acknowledgement and Waiver of Liability

I _____, the undersigned employee of the Guam Economic Development Authority, acknowledge the following:

1. I have read GEDA's Worksite Wellness Program Policy and understand that it is offered as a benefit to me and is an opportunity to increase my physical health and wellbeing.
2. I agree to comply with the guidelines and procedures set forth in the Worksite Wellness Program Policy. Should I fail to comply, I understand that it will result in suspension of participation in the Worksite Wellness Program at the discretion of management. I acknowledge that it is my responsibility to obtain approvals from my supervisor and manager prior to participating in each fitness or wellness activity.
3. I hereby waive and release the Guam Economic Development Authority management and employees from all claims or liabilities of any kind brought forth by my participation in this program.

Sign _____

Date: _____

Acknowledged by: _____

Date: _____

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APPENDIX A
PHYSICAL FITNESS & WELLNESS PROGRAM
REGISTRATION FORM & STATEMENT OF MEDICAL CLEARANCE

REGISTRATION INFORMATION

Full Name:		
Date of Birth:	Ethnicity:	
Gender:	Division:	
Age:	Contact Number:	
Emergency Contact Information		
Primary contact name:		Relationship:
Phone #:	Work Phone #:	Cell Phone #:
Secondary contact name:		Relationship:
Phone #:	Work Phone #:	Cell Phone/Pager #:
STATEMENT OF MEDICAL CLEARANCE		
<p>I, _____ do not have any medical problems or conditions that would preclude me from participating in physical fitness and wellness activities. I understand that it is my responsibility to obtain medical clearance, at no cost to the government, prior to participating in physical fitness and wellness programs. Furthermore, should I incur any injury or injuries while performing physical fitness and wellness activities, The Guam Economic Development Authority/Government of Guam will not be liable or responsible for the medical care and services provided to me.</p>		
MEDICAL CLEARANCE WAIVER STATEMENT		
I, _____ (Check one below)		
<input type="checkbox"/> Elect to participate in physical fitness and wellness programs without medical clearance.		
<input type="checkbox"/> Do have medical problem(s) or condition(s) that would hinder my participation in fitness and wellness activities.		
I understand that it is my responsibility to obtain medical clearance at no cost to the government, before participating in physical fitness and wellness programs. Furthermore, should I incur any injury or injuries while performing physical fitness and wellness activities, I understand and acknowledge that I am liable and responsible for the medical care and services provided to me.		
Print Name:		Date:
Employee Signature:		

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APPENDIX B PHYSICAL FITNESS & WELLNESS PROGRAM LIFESTYLE CHECKLIST

Health Indicators	A	B	C	D
Body Mass Index – What is your BMI?	30+	25 – 29.9	<25	<18.5
Physical Activity – How many days do you get 30+ minutes of physical activity?	No regular physical activity	2 days per week	3 – 4 days per week	4 – 7 days per week
Tobacco/betelnut use – Indicate your use (includes cigarettes, vapes, chewing tobacco, betelnut)	Current user	Frequently exposed to secondhand smoke or social user	Former user	Non-user
Meat Intake – How often do you eat meat (beef, pork, poultry, lamb, etc.)?	Once a month or less	2 – 3 times a month	2 – 3 times a week	Daily
Whole Grains – How many servings do you eat per day? <i>1 serving = 1 slice whole wheat bread, or ½ cup brown rice or oatmeal</i>	White rice or white flour only	1 serving of whole grain per day	2 – 3 servings of whole grain per day	4 servings per day
Fruits – How many servings do you eat per day? <i>1 serving = 1 medium fruit (baseball size), or 1 cup raw or juiced fruit</i>	None	1 – 2 servings per day	3 – 4 servings per day	5+ servings per day
Vegetables – How many servings do you eat per day? <i>1 serving = 1 cup of raw, cooked, or juiced vegetables or 2 cups of leafy greens</i>	None	1 – 2 servings per day	3 – 4 servings per day	5+ servings per day
Nuts & Beans – How many servings do you eat per week? <i>1 serving = 1 oz nuts or seeds or 2 tablespoons nut butter)</i>	None	1 – 2 servings per day	3 – 4 servings per day	5+ servings per day
Level of satisfaction with your life – Overall, how satisfied are you with your life?	Somewhat satisfied	Satisfied	Very satisfied most of the time	Very satisfied always
Sleep – How often do you get at least 7 – 8 hours of sleep?	Seldom, less than 3 days/week	Occasionally, 3 -4 days/week	Most of the time, 3 – 4 days/week	All the time, everyday
Blood Pressure – What is your blood pressure? (Normal or medication)	Less than 120/80	120/80 to 134/84	135/85 to 139/89	140/90 +

Employee Sign: _____

Date: _____

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APPENDIX C PHYSICAL FITNESS & WELLNESS PROGRAM TIMESHEET

Employee Name: _____

Instructions: This form is to be completed each week and submitted with timesheet.

Note: Administrative hours shall be one (1) hour per day, not to exceed three (3) hours per week.
Employee must obtain supervisor and division manager approval before participating in fitness activities.

WEEK 1:		START	TO	END
DATE	TIME	LOCATION	INITIAL	
1				
2				
3				

Employee Signature: _____

Date: _____

Division Manager Approval: _____

Date: _____

WEEK 2:		START	TO	END
DATE	TIME	LOCATION	INITIAL	
1				
2				
3				

Employee Signature: _____

Date: _____

Division Manager Approval: _____

Date: _____
