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Governor of Guam

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Lieutenant Governor

**PORT AUTHORITY OF GUAM
ATURIDAT I PUETTON GUAHAN**

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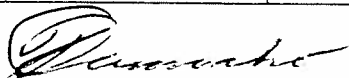


PORT AUTHORITY OF GUAM

September 22, 1999

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POLICY MEMORANDUM NO. 99-01

To: Port Employees	Subject: Policy and Procedure on Physical Fitness and Wellness Program
Effective Date: SEP. 22 1999	Revision Date:
Approved By:  FRANCISCO P. CAMACHO, General Manager	
ALL REVISIONS ARE MARKED WITH AN ASTERISK (*)	

I. POLICY

As outlined in the Guam Physical Fitness and Wellness Program, Executive Order 98-21, the policy for the Program shall be as follows:

- A. Every employee in the Government of Guam will be allowed the opportunity to participate in physical fitness and wellness activities. The Port Authority of Guam may survey its employees on the days and times the Physical Fitness and Wellness Program are to be conducted, and through a consensus, schedule the activities on those days and times.
- B. The Port Authority of Guam will provide to the employee time during work hours but not more than one (1) hour and not more than three (3) days a week allotted for physical fitness activity. The one (1) hour includes preparation time for the Program, personal hygiene time after the Program, and travel time back to the work place.
- C. Employees that do not elect to participate in fitness or wellness programs are not to use the time allotted for the Program for personal business and must be at their place of work.



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- D. Employees will be informed that the mission of the Port Authority of Guam takes immediate precedence over the Program when schedules conflict and that the time allotted for fitness and wellness activities, as scheduled, will not be accumulated by the employee.
- E. The Port Authority of Guam will neither schedule nor allow its employees to schedule a one (1) day physical fitness and wellness program each week by combining the time allotted for the week.
- F. Supervisors must be accountable for their employees' time and attendance during the Physical Fitness and Wellness Program. Likewise, the employees must keep their supervisors informed on their activities. They must be thoroughly familiar with the Port Authority of Guam's Fitness and Wellness Program policies and procedures.
- G. Employees participating in the Physical Fitness and Wellness Program, offered outside the Government of Guam, will be at their own expense. However, the Governor's Council on Physical Fitness and Sports will assist and work with the Port Authority of Guam to coordinate availability, accessibility, and affordability of Programs.
- H. Employees must provide Program schedules to their supervisors emphasizing their fitness level goals, types of exercise(s), and the time the Program will commence. The frequency of the exercise(s) must be at least 15 to 30 minutes in duration, three (3) times per week.

II. PROGRAM

The Port Authority of Guam designated **Antonio S. Susuico** as the Physical Fitness and Wellness Coordinator and Liaison Officer.

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The following is the Port Authority of Guam's Program, should employees elect to participate in the physical fitness and wellness activities.

The days allowed for the Program will be from Monday through Friday. Saturday and Sunday hours would be the employee's choice; however, this would not allow the employee to take off during the regular workweek.

Times allowed for the fitness Program will be between the hours of 11:00 a.m. and 2:00 p.m. or 4:00 p.m. to 5:00 p.m. Based on these time allocations, the options are:

Option 1:

11:00 a.m. to 12:00 p.m. Fitness Program

12:00 p.m. to 01:00 p.m. Lunch Break

Option 2:

12:00 p.m. to 01:00 p.m. Fitness Program

01:00 p.m. to 02:00 p.m. Lunch Break

Option 3:

11:30 p.m. to 12:30 p.m. Fitness Program

12:30 p.m. to 01:30 p.m. Lunch Break

Option 4:

04:00 p.m. to 05:00 p.m.

Employees can only participate in the Physical Fitness and Wellness Program for their selected days if the employee works a full day. For example, an employee can not be on annual or sick leave for a half day and then come in and participate in the fitness program. Additionally, excess tardiness in the morning can cause management to suspend their fitness Program.

As per the Executive Order policy, employees must prioritize the division's daily operations before engaging in their respective fitness program.

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III. PROCEDURE

- A. Employees participating in the Physical Fitness and Wellness Program must sign a Waiver of Liability (Appendix A) form before beginning his or her fitness program.

Once the employee has decided which days, time and places he/she is to exercise, that employee must complete the Activity Sheet (Appendix B) and submit it to his/her supervisor for approval. After approval from the supervisor, a copy is to be provided to the Physical Fitness and Wellness Coordinator. Each employee has the responsibility to provide copies and inform the Physical Fitness and Wellness Coordinator of any changes to the schedule.

- B. The Port Authority of Guam employees must time-in/time-out when leaving the office for their fitness program. Since copies of schedules are filed with the Physical Fitness and Wellness Coordinator, the Coordinator will provide a report of participating employees to the General Manager to verify the employee's attendance sheet. Therefore, it is very important that copies of the employee's fitness schedule and/or changes be provided to the Physical Fitness and Wellness Coordinator.

Because only one (1) hour a day, three (3) times a week is allowed for the Program, should discrepancies be found on the employee's timecard, the employee must sign either annual leave or CTO for the time used beyond the one hour.

- C. Examples of activities and suggested area that one can participate in, but are not limited to, are as follows:

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Activities	Suggested Areas
Aerobics, Weight Training, Cardiovascular Workouts	Fitness Centers or Gyms
Walking/Jogging	Paseo Stadium, Asan Park, Cabras Seawall
Swimming	USO, Agana Swimming Pool
Bowling	Central Lanes
Roller Blading	Paseo Stadium

- * For areas without a facility, participants must have their activities acknowledged by the Physical Fitness and Wellness Coordinator. The acknowledgement initials are necessary on the Accountability Sheet (Appendix C).

It is important that the employee be at their scheduled place and time, performing their physical fitness and wellness program. Employees are not mandated to participate in physical fitness and wellness activities. **Participation is a privilege and not a right.** Any abuse of this privilege will result in removal from the Program, as well as, possible administrative action. Since the Program is voluntary, neither personnel actions nor performance evaluations will reflect employee's non-participation.

IV. MEDICAL CLEARANCE AND HEALTH RISK QUESTIONNAIRE

A Medical Clearance and Individual Health Risk Questionnaire (Appendix D) are requirements of the Program and are integral components of Physical Fitness and Wellness Programs. Medical clearance must be obtained by the employee from a physician (at their own expense) and must include:

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- Blood glucose level
- Blood pressure
- Body composition (height, weight, and body fat)

The health risk assessment must be filled out by the employee and along with the medical clearance be provided to the Port Authority of Guam before embarking on the Program.

If an employee opts not to seek medical clearance, the Port Authority of Guam must have the employee sign a statement stating that they have decided not to obtain medical clearance and acknowledging the advice received from the Port Authority of Guam for a medical clearance.

Every participating employee must complete the individual health risk assessment questionnaire regardless of medical clearance.

Medical clearance and questionnaires shall be forwarded to the Physical Fitness and Wellness Coordinator, who will file both documents with the employee's fitness records. All materials filed with the Coordinator will be kept **confidential**. Unless authorized by the employee, no one may have access to the records maintained by the Physical Fitness and Wellness Coordinator.

The employee must also sign a Waiver of Liability (Appendix A) form before engaging in their fitness Program.

V. YOUR PROGRAM, YOUR PLAN, YOUR HEALTH AND WELLNESS

The concept of fitness and wellness is not unique. It has been around and has been used by other organizations. The use as well as the abuse of fitness and wellness programs have been around and experienced by some organizations.

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This Program is for your health and wellness. Be prudent, act wisely, and enjoy the Program.

The Council through newsletter, flyers, and brochures will make information on fitness, sports, and wellness activities available. It is the Council's way of keeping in touch for your fitness in mind, body, and spirit.

ATTACHMENTS

- * Appendix A - Waiver of Liability
- * Appendix B - Activity Sheet
- * Appendix C - Accountability Sheet
- * Appendix D - Statement of Medical Clearance/
Medical Clearance Waiver Statement



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PHYSICAL FITNESS AND WELLNESS PROGRAM

WAIVER OF LIABILITY

I, the undersigned employee, on a voluntary basis, wish to participate in the Physical Fitness and Wellness Program. I will not hold the Government of Guam liable for any injury or injuries I may incur while participating in the Physical Fitness and Wellness Program. I understand that it is my responsibility to consult with my physician before I participate in this voluntary program.

Signature of Employee

Date

PRINT NAME: _____

DIVISION: _____

EMERGENCY CONTACT NO.: _____

EMERGENCY CONTACT PERSON: _____

(APPENDIX A)



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PHYSICAL FITNESS AND WELLNESS PROGRAM

ACTIVITY SHEET

NAME OF EMPLOYEE: _____

DIVISION: _____

DATE	TIME	TYPE OF ACTIVITY	PLACE/FACILITY

/___/ APPROVED

/___/ DISAPPROVED

NAME OF SUPERVISOR: _____

SIGNATURE: _____

DATE: _____

cc: Supervisor/Division Head
Physical Fitness and Wellness Coordinator

(APPENDIX B)



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PHYSICAL FITNESS AND WELLNESS PROGRAM

ACCOUNTABILITY SHEET

Note: Administrative hours shall be one (1) hour per day, not to exceed three (3) hours per week. Attendance shall be acknowledged by a facility staff or certified by the assigned fitness coordinator.

NAME OF EMPLOYEE: _____

DIVISION: _____

DATE	TIME	TYPE OF ACTIVITY	PLACE/FACILITY	ACKNOWLEDGED BY

(APPENDIX C)



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PHYSICAL FITNESS AND WELLNESS PROGRAM

**STATEMENT OF MEDICAL CLEARANCE/
MEDICAL CLEARANCE WAIVER STATEMENT**

Statement of Medical Clearance

I, the undersigned, 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, before participating in the Physical Fitness and Wellness Programs. Furthermore, should I incur any injury or injuries while performing physical fitness and wellness activities, I will be liable and responsible for the medical care and services provided to me.

SIGNATURE OF EMPLOYEE

DATE

Medical Clearance Waiver Statement

I, the undersigned, (circle one (1) letter below whichever is applicable)

- (A) elect to participate in the fitness and wellness programs without medical clearance.
- (B) do have medical problem(s) or condition(s) that would hinder my participation in the 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 the Physical Fitness and Wellness Programs. Furthermore, should I incur any injury of injuries that increases my medical problem(s) or condition(s) 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.

SIGNATURE OF EMPLOYEE

DATE

(APPENDIX D)



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