



UNITED STATES MARINE CORPS
MARINE CORPS LOGISTICS COMMAND
814 RADFORD BOULEVARD
ALBANY, GEORGIA 31704-0201

IN REPLY RETURN TO:
MARCORLOGCOMO 1700.29A
S11A

NOV 14 2012

MARINE CORPS LOGISTICS COMMAND ORDER 1700.29A

From: Commanding General
To: Distribution

Subj: HEALTH AND WELLNESS PROGRAM

Ref: (a) DOD 1010.10
(b) OPNAV 6100.2A
(c) MCO 5100.29B
(d) MCO P1700.29
(e) CHRM 792.4

Encl: (1) Program Participation
(2) Physician's Approval Form
(3) Memorandum of Understanding for Participant
(4) Coordinating Agreement for Participant and Supervisor

1. Situation. Per the references, the Marine Corps recognizes that the secrets of a high performing, productive organization include the ability to attract and retain good workers and the incorporation of programs which boost morale and improve the quality of the life in the work environment. Health and Wellness Programs are introduced to encourage physical fitness as a means to improve the health, fitness, and quality of life of the total force, including Civilian Marines.

2. Cancellation. MARCORLOGCOMO 1700.29

3. Mission. Establish a comprehensive Marine Corps Logistics Command (MARCORLOGCOM) Health and Wellness Program (HWP) designed to encourage healthy lifestyles by providing an opportunity for physical fitness and health related training within the limits of the normal workday.

4. Execution

a. Commander's Intent. The Marine Corps Logistics Command shall establish an employee health and wellness program to optimize employee welfare and performance and create a work environment that encourages excellence and enhances the quality

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distribution is unlimited.

of life while supporting the MARCORLOGCOM global logistics responsibilities.

b. Concept of Operations

(1) Thirty-minutes of administrative leave, three times per week, are authorized to allow Civilian employees to engage/participate in health and wellness related programs that promote physical fitness. Employees are encouraged to incorporate an additional 30 minutes of personal time in order to achieve the American Council on Exercise (ACE) recommended minimum of 60 minutes, three times per week, for maintaining and improving health.

(2) Program participation is strictly voluntary; however, it is workload permitting, and Supervisor approval is required.

(3) The specific duty time for participation will be determined based upon a coordinated agreement between the employee and the designated supervisor. Supervisors will ensure participating employees are provided a copy of enclosure (1) as well as enclosure (2). Employees will read and sign a copy of enclosure (3) to confirm an understanding of the guidelines regarding program participation. The Supervisor and employee will read and sign enclosure (4) to document the coordinated agreement for the authorized time and participation in the program. Official forms may be found at:

<https://navalforms.documentservices.dla.mil/web/public/home>. Click on "Forms" at the top of the page. Select "Command" and let the page load. In the "Command" drop down box, select "Marine Corps" and let the page load. In the "Activity" drop down box select "LOGCOM" then select the appropriate form. All forms shall be signed by each party and be maintained by supervisors of respective areas.

(4) Participation must be at available facilities on the Base to receive approval for authorized administrative leave. Fitness and showering facilities may be available in your respective areas of work; however, participants may also utilize other available facilities by contacting the SemperFit office serving their respective organizations. Use of available facilities will be on a first-come-first-serve basis. Participants choosing outdoor activities such as walking, running, or swimming as a form of exercise must remain within the perimeter of the Base.

(5) Physical fitness time options may include at the beginning of the workday/shift, before and after lunchtime, or at the end of the workday/shift. Health education/training

courses such as nutrition, stress management, health management, cardiovascular disease risks, weight management, smoking education and cessation, and physical activity may be available through your respective installation. Every effort should be made to ensure this information is regularly disseminated throughout your respective organization. These classes will be designed to go hand-in-hand with physical activity and you are encouraged to attend classes that pertain to your own individual needs and interests.

(6) Accountability for authorized administrative time used must be recorded on the employee's timesheet as Type Hour Code (THC) LN (Wellness Program or Administrative Leave) in combination with appropriate Job Order Number (JON) # to be determined by the Fund Administrator for your work Center.

c. Tasks. Commanding Officers, Director of Departments, Centers, and Offices shall:

(1) Promote health and wellness in the respective organizations and encourage employee participation in programs that improve their individual health and quality of life.

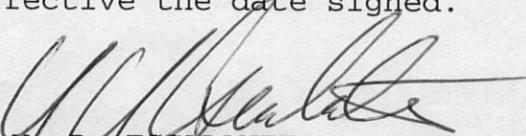
(2) Publish any amplifying guidance or procedures that support the spirit and intent of this Order while considering workload, production, and operational impacts.

5. Administration and Logistics. Recommendations/comments concerning the content of this Order may be forwarded to the Logistics Command Installations, Environment & Safety office, Code S11 by e-mail to SMBLOGCOMIE@USMC.MIL.

6. Command and Signal.

a. Command. This Order is applicable to Civilian Marines assigned to the MARCORLOGCOM Enterprise. Reference (d) applies to active duty Marines assigned to MARCORLOGOM.

b. Signal. This Order is effective the date signed.


Y. R. ESCALANTE
By Direction

PROGRAM PARTICIPATION

Dear Prospective Health and Wellness Program Participant,

Thank you for your interest in the MARCORLOGCOM Health and Wellness Program. Studies show that improved overall health improves morale, productivity at work and home, and reduces stress and stress related illness.

The Commanding General has authorized 30 minutes of administrative time, three times per week, to encourage physical fitness. You are encouraged to incorporate 30 additional minutes of your personal time to reach the recommended minimum of 60 minutes, three times per week, for improving overall health. Administrative Wellness time is authorized strictly for exercise and attending health/fitness related classes. Upon approval from your supervisor, you will be authorized to participate in the Command Health and Wellness Program.

Health education/training courses such as nutrition, stress management, health management, cardiovascular disease risks, weight management, smoking education and cessation, and physical activity may be available through your respective installation. Every effort should be made to ensure this information is regularly disseminated throughout your respective organization. These classes will be designed to go hand-in-hand with physical activity and you are encouraged to attend classes that pertain to your own individual needs and interests.

Representatives from your respective SemperFit division are available, by appointment, to assist you in designing a fitness and nutrition program that meets your individual needs.

For most people, starting a very basic program is safe; however, there may be instances where a medical clearance will be necessary. If you have a pre-existing medical condition or are unsure of your medical status, you must schedule an appointment with your personal physician and complete the attached physician's approval form prior to engaging in any physical activity.

To your health,
(Signed by respective supervisor)

PHYSICIAN'S APPROVAL FORM

_____ has medical approval to
(print patient's name)
participate in a physical fitness program with the Marine Corps Logistics Command. I understand that the program includes mild to moderate intensity exercise, is conducted individually or in a group, and is either supervised or unsupervised. I also understand that participation is voluntary, allowing the participant to stop and rest at any time he/she desires.

The following restrictions apply (if none, so state):

Physician's Name: _____

Physician's Signature: _____

Telephone: _____

Date: _____

MEMORANDUM OF UNDERSTANDING FOR PARTICIPANT

I, _____, understand that my full participation in the MARCORLOGCOM Health and Wellness Program is strictly voluntary and will require my supervisor's approval prior to my participation. I understand that participation will be at my place of duty and I will only be permitted to attend during working hours.

I hereby agree to hold harmless and release the United States Marine Corps and the United States Navy of all claims and demands resulting from any loss, damage, injury, or death to me or my property that may arise due to my participation in this program.

I understand that some portions of this program may be physically demanding and I certify that I am healthy enough to participate.

I have read and understand the guidelines for participation located in enclosure (1) of MARCORLOGCOMO 1700.29.

Employee's Signature: _____

Date: _____

COORDINATING AGREEMENT FOR PARTICIPANT AND SUPERVISOR

Name of Employee: _____

Organization/Center/Office: _____

Name of Supervisor: _____

Bldg #: _____ Job Title: _____

Work Phone Number: _____ Fax Number: _____

E-mail Address: _____

I, _____, the supervisor of the individual stated above, understand that he/she will be participating in the MARCORLOGCOM Health and Wellness Program. I have ensured that enclosure (1) has been given to said employee with my signature of endorsement. I understand that participation will be at the place of duty for the above-mentioned individual and that I agree to allow my employee to participate during working hours. I also understand that the exercise periods are official duty time and I will ensure the time is appropriately captured for timekeeping purposes. Failure to use exercise time appropriately or misconduct during these periods will be considered workplace infractions and will be addressed within the context of governing workplace policy and procedures. I am also aware that unused exercise hours of the participant may not be carried forward to subsequent weeks nor can they be used for any non-duty purpose.

Employee/Participant: _____ Date: _____
(Participant)

Approve/Disapprove: _____ Date: _____
(Supervisor)

Approve/Disapprove: _____ Date: _____
(Director)