



UNITED STATES MAINE CORPS
MARINE CORPS LOGISTICS BASE
814 RADFORD BOULEVARD SUITE 20302
ALBANY GEORGIA 31704-302

MCLBAO 6000.2B
CO
26 Jan 24

MARINE CORPS LOGISTICS BASE ALBANY ORDER 6000.2B

From: Commanding Officer, Marine Corps Logistics Base Albany
To: Distribution List

Subj: HEALTH AND WELLNESS PROGRAM

Ref: (a) DOD 1010.10
(b) OPNAV 6100.2A
(c) MCO 5100.29B
(d) MCO P1700.29
(e) DoN CHRM, Subchapter 792.4, Work/Life Program

Encl: (1) Guidelines for Participation
(2) Memorandum of Understanding for Participant
(3) Coordinating Agreement for Participant and Supervisor

1. Situation. 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 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 for all Marines, including Civilian Marines.

2. Cancellation. MCLBAO 6000.2A

3. Mission. To establish a comprehensive Marine Corps Logistics Base (MCLB) Albany 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 and Concept of Operations

(1) Commander's Intent. MCLB Albany 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 of life.

(2) Concept of Operations

(a) 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 minimum 60 minutes, three times per week, recommended for improving and maintaining health.

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

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(c) 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) advising on the guidelines for participation as well as a physician's consent form. Employees will read and sign a copy of enclosure (2) to confirm an understanding of the guidelines regarding program participation. The supervisor and employee will read and sign enclosure (3) to document the coordinated agreement for the authorized time and participation in the program. Official forms shall be signed by each party and be maintained by supervisors of respective areas.

(d) Participation must be at available facilities on MCLB Albany 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 Semper Fit 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.

(e) 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. All physical fitness activities must be performed within the perimeter of the base.

(f) 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 required EHO Code PF

(1) Subordinate Element Missions. Directors, Branch Heads, and Special Staff Officers shall:

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

(b) 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 or comments concerning the content of this Order may be forwarded to the Executive Director and Adjutant for MCLB Albany.

6. Command and Signal

a. Command. This Order is applicable to Civilian Marines assigned to MCLB Albany.

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

MCKINNEY. Digitally signed by
MCKINNEY.MATTH
MATTHEW.J. EW.J.1189485529
Date: 2024.01.26
.1189485529 16:13:27 -0500
M. J. MCKINNEY

DISTRIBUTION: A

GUIDELINES FOR PARTICIPATION

Dear Prospective Health and Wellness Program Participant, thank you for your interest in the Marine Corps Logistics Base Albany 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 Officer 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 Semper Fit 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)

26 Jan 24

MEMORANDUM OF UNDERSTANDING FOR PARTICIPANT (HOLD HARMLESS AGREEMENT)

I, _____, understand that my full participation in the Marine Corps Logistics Base Albany 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 release the United States Marine Corps and the United States Navy of all claims and demands resulting from any loss, damage, death, or injury 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 requirements of the participant guidelines.

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 Marine Corps Logistics Base Albany Health and Wellness Program. 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: _____

Approve/Disapprove: _____ Date: _____
(Supervisor)

Approve/Disapprove: _____ Date: _____