



UNITED STATES MARINE CORPS

MARINE CORPS BASE
PSC BOX 20004
CAMP LEJEUNE, NORTH CAROLINA 28542-0004

BO 6000.1
MCCS
13 NOV 2007

BASE ORDER 6000.1

From: Commanding Officer
To: Distribution List

Subj: CIVILIAN HEALTH AND WELLNESS PROGRAM

Ref: (a) OCPM Instruction 12702.4 (NOTAL)

Encl: (1) Risk Factor Assessment
(2) Sample Time and Attendance Sheet for Noting Exercise Time for Appropriated Fund Employees
(3) Sample Timesheets for Noting Exercise Time for Nonexempt and Exempt Nonappropriated Fund Employees

1. Situation. The reference authorizes agencies to consider establishing wellness and physical fitness programs, within the limits of appropriations, as a means of enhancing employee productivity, well-being, and organizational effectiveness.

2. Cancellation. BBul 6000 of 4 Aug 06.

3. Mission

a. To establish policy, procedures, and responsibility for administration of the Civilian Health and Wellness Program for Marine Corps Base, Camp Lejeune Appropriated Fund (APF) employees and Nonappropriated Fund (NAF) employees.

b. Summary of Revision. This Order has been revised and should be thoroughly reviewed in its entirety.

4. Execution

a. Commander's Intent and Concept of Operations.

(1) Commander's Intent. To inform all APF and NAF employees aboard Marine Corps Base, Camp Lejeune of the Civilian Health and Wellness Program procedures, responsibilities and time reporting instructions.

DISTRIBUTION STATEMENT A: Approved for public release, distribution is unlimited.

(2) Concept of Operations

(a) APF and NAF employees, if workload permits, may be granted up to 30 minutes per day "matching" time with their daily lunch break time for physical fitness or to attend health and wellness classes. Matching time cannot be carried over from one day to another.

(b) Approval will be discretionary and mission accomplishment will take precedence. At times, employees will be precluded from participation in the program due to workload. The immediate supervisor will determine the number of days an employee can participate. This is a voluntary program.

(c) Prior to participating in the Civilian Health and Wellness Program, employees must complete enclosure (1) and return it to their supervisor. If any risk factor is returned positive, the employee is required to visit the Occupational Health Physician, or their personal physician, to obtain approval to participate in a safe exercise program, indicating the type of exercise in which the employee may participate. **To acknowledge receipt and approval to participate in the program, supervisors are required to sign and maintain the Risk Factor Assessment form.** If a work center has 10 or more employees who would like to participate in the Civilian Health and Wellness Program, the supervisor can call the Occupational Health Clinic to schedule a screening day. A physician or nurse from the Occupational Health Clinic will visit the work area and provide the screening.

(d) Supervisors will annotate on each APF and NAF employee's timesheet the amount of time devoted to the Civilian Health and Wellness Program. The code to be used for APF employee's time and attendance sheet will be "LV" and NAF time and attendance sheet will be "AO" for each day the employee participates in the Civilian Health and Wellness Program. An example of how to annotate the timesheets and reporting instructions for APF and NAF employee's are provided in enclosures (2) and (3).

5. Administration and Logistics. Not Applicable.

6. Command and Signal

a. Command. This Order is applicable to all APF and NAF employees aboard Marine Corps Base, Camp Lejeune.

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


W. A. MEIER
By direction

DISTRIBUTION: A

RISK FACTOR ASSESSMENT

From: _____
To: _____

I understand and agree that I must complete the risk factor screening questionnaire below honestly. Should any risk factor be determined for participation in certain activities, I agree to see the Occupational Health Physician for a release to participate in Command-sponsored physical fitness programs. Once an exercise program has been established for me, I agree to adhere to any limitations.

| QUESTIONS | YES | NO |
|--|-----|----|
| Has a doctor ever said that you have heart trouble, or have you ever had a heart attack? | | |
| Do you have pains or pressure in the chest, neck, shoulders, or arms during or right after you exercise? | | |
| Do you often feel faint; have spells, or severe dizziness? | | |
| Has a doctor said that you have bone or joint problems such as arthritis, which might be aggravated by exercise? | | |
| Do you have a family history of premature coronary artery disease (heart attack or chest pain prior to age 50)? | | |
| Do you have a medical condition not mentioned above that might need special attention in an exercise program (i.e., insulin dependent diabetes)? If yes, please name your condition: _____ | | |
| Have you smoked one or more packages of cigarettes per day for 10 or more years? | | |
| Are you medically diagnosed as obese? | | |

SIGNATURES REQUIRED ON REVERSE SIDE OF THIS PAGE

RISK FACTOR ASSESSMENT

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE

OCCUPATIONAL HEALTH PHYSICIAN SIGNATURE

DATE

OR

PERSONAL PHYSICIAN SIGNATURE

DATE

PHYSICIAN'S COMMENTS:

SAMPLE OF ATTENDACE SHEET FOR NOTING EXECERISE TIME FOR
APPROPRIATED FUND EMPLOYEES

1. For APF employees, the timekeeper/supervisor will annotate on the timesheet and enter in SLDCADA any wellness time taken.
2. The type hour code (THC) should be "LV" (Excused Absence) and no more than 0.5 hours should be entered on each day.
3. On the Timesheet: The out and in times for lunch/wellness time should be annotated. Employee should initial each line of the in/out times and the supervisor must sign the timesheet.

SLDCADA BI-WEEKLY TIME AND ATTENDANCE SHEET

| Shop | Shop Activity | Name | SDA ID | Activity | Pay Period Date | | | | | | |
|----------------------------|-------------------|-------------|--------|----------|-----------------|---------|-----|-----|-----|-------|-----|
| Wk1: CFCF1 | 10005 | | N27502 | 087001 | 08/20/07 | | | | | | |
| Wk2: CFCF1 | 10005 | | N27502 | 087001 | 08/27/07 | | | | | | |
| Emp ID (SSN) | Type | Class | FLSA | N | Emp Type | REGULAR | | | | | |
| JONI: M17001CFCF111000000 | | | | | | | | | | | |
| HRS: | AWS: 0 | Sched Wk1: | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Total | |
| JONI2: M17001CFCF111000000 | | | | 8.0 | 8.0 | 8.0 | 8.0 | 8.0 | 8.0 | 40.0 | |
| HRS: | Sched: SS | ND Wk1: | | 8.0 | 8.0 | 8.0 | 8.0 | 8.0 | 8.0 | 40.0 | |
| JONI3: M17001CFCF111000000 | | | | | | | | | | | |
| HRS: | Graded: G | Shifts Wk1: | | 00 | 00 | 00 | 00 | 00 | 00 | 00 | |
| HRS: | Time & Lbr Cat: 5 | Wk2: | | 00 | 00 | 00 | 00 | 00 | 00 | 00 | |
| Week 1 Job Order Number | Per Shop FEN Code | Env Haz | ND | THC | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| | | | | LV | | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 | |
| Week 2 Job Order Number | Per Shop FEN Code | Env Haz | ND | THC | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| | | | | LV | | 0.5 | | 0.5 | | 0.5 | |

Total: Reg _____ OT _____ Comp _____ Hol _____ LV _____ Sun _____ 2nd _____ 3rd _____ ND _____ EAT _____ MP/LV _____

| | Week 1 | | | | | | Week 2 | | | | | | Emp Int. | |
|-----|--------|------|------|------|----|-----|--------|------|------|------|----|-----|----------|----|
| | IN | OUT | IN | OUT | IN | OUT | IN | OUT | IN | OUT | IN | OUT | | |
| Sun | | | | | | | | | | | | | | |
| Mon | 0730 | 1130 | 1230 | 1600 | | | 0730 | 1130 | 1230 | 1600 | | | | PD |
| Tue | 0730 | 1130 | 1230 | 1600 | | | 0730 | 1130 | 1200 | 1600 | | | | PD |
| Wed | 0730 | 1130 | 1230 | 1600 | | | 0730 | 1130 | 1230 | 1600 | | | | PD |
| Thu | 0730 | 1130 | 1230 | 1600 | | | 0730 | 1130 | 1200 | 1600 | | | | PD |
| Fri | 0730 | 1130 | 1230 | 1600 | | | 0730 | 1130 | 1230 | 1600 | | | | PD |
| Sat | | | | | | | | | | | | | | |

Employee Initial for Leave Taken. Note: If "LT"/"LU" is used, provide date of injury here (mm/dd/yyyy):
 Available Injury Dates: _____
 CERTIFICATION: ATTENDANCE AND ABSENCES INCLUDING CHANGES MARKED HEREON ARE CERTIFIED CORRECT. LEAVE AND/OR OVERTIME APPROVED IN ACCORDANCE WITH EXISTING LAWS AND REGULATIONS.
 I DID NOT SUFFER OR PERMIT ANY OVERTIME WORK OTHER THAN AS REPORTED HEREON FOR THIS WEEK, IF THIS EMPLOYEE IS NONEXEMPT.
 Supervisor's Signature _____
 Authorized Signature _____ Date _____ Telephone No. _____

This report may contain data subject to the Privacy Act of 1974.

SAMPLE OF ATTENDANCE SHEET FOR NOTING EXECERISE TIME FOR
APPROPRIATED FUND EMPLOYEES

In SLDCADA:

Add a row and under "THC", select "LV" from the drop-down menu.
Ensure the JON is left "blank" and enter no more than 0.5 hours
on the days when wellness time is taken.

Ensure that the timesheet and what is entered in SLDCADA match.

Time and Attendance This window may contain data subject to the Privacy Act of 1974

1 of 1 Generate Hours Save Successful

Emp ID (SSN): Emp Name: Type: Civilian Pay Period Ending Date: 09/29/2007

No Errors

Week 1 (09/22/2007) EVT: Copy Prev Week (All)

| Row | JON | Per Shop | Hz | ND | THC | Sun 09/16 | Mon 09/17 | Tue 09/18 | Wed 09/19 | Thu 09/20 | Fri 09/21 | Sat 09/22 | Total | |
|------------|-------|----------|----|----|-----|------------------|--------------|--------------|--------------|--------------|--------------|--------------|----------|--|
| 1 | BLANK | CFCFI | | | LV | | .5 | .5 | .5 | .5 | .5 | | 2.5 | |
| | | | | | | Actual Totals: | | | | | | 2.5 | 4.0 PPT | |
| Row 1 of 1 | | | | | | Schedule Totals: | | | | | | 40.0 | 80.0 PPT | |

Week 2 (09/29/2007) EVT: Copy Prev Week (Selected) Copy Prev Week (All)

| Row | JON | Per Shop | Hz | ND | THC | Sun 09/23 | Mon 09/24 | Tue 09/25 | Wed 09/26 | Thu 09/27 | Fri 09/28 | Sat 09/29 | Total | |
|------------|-------|----------|----|----|-----|------------------|--------------|--------------|--------------|--------------|--------------|--------------|----------|--|
| 1 | BLANK | CFCFI | | | LV | | .5 | | .5 | | .5 | | 1.5 | |
| | | | | | | Actual Totals: | | | | | | 1.5 | 4.0 PPT | |
| Row 1 of 1 | | | | | | Schedule Totals: | | | | | | 40.0 | 80.0 PPT | |

SAMPLE OF ATTENDACE SHEET FOR NOTING EXECERISE TIME FOR
NONAPPROPRIATED FUND EMPLOYEES

For Nonexempt employees using the web clock or TCD. The employee will clock out and in when they take lunch / wellness time. The supervisor and/or timekeeper will add a line for the appropriate day and select "AO" as the time reporting code and annotate .50 hours in the quantity block. Annotate in the comment icon that the "AO" was due to employee participation in the wellness program and submit.

From 09/23/2007 to 09/29/2007

Timesheet

| Day | Date | Status | In | Lunch | In | Out | Punch Total | Time Reporting Code | Quantity | So |
|-----|----------|-----------|--------|---------|--------|--------|-------------|---------------------------|----------|----|
| | Sun 9/23 | New | | | | | | | | |
| | Mon 9/24 | Submitted | | | | | | AO - Admin Hours, No Diff | 0.50 | |
| | | Submitted | 8:00AM | 12:00PM | 1:00PM | 4:30PM | 7.50 | | | |
| | Tue 9/25 | New | | | | | | | | |
| | Wed 9/26 | New | | | | | | | | |
| | Thu 9/27 | New | | | | | | | | |
| | Fri 9/28 | New | | | | | | | | |
| | Sat 9/29 | New | | | | | | | | |

Submit Clear

For Exempt employees. Add a line for the appropriate day. Select "AO" as your time reporting code and annotate .50 hours in the quantity box. Change your quantity of WO to 7.5 hours in the quantity box. Annotate in the comment icon that "AO" was for participation in the wellness program and submit.

From 09/23/2007 to 09/29/2007

Timesheet

| Day | Date | Status | In | Lunch | In | Out | Punch Total | Time Reporting Code | Quantity | S |
|-----|----------|-----------|----|-------|----|-----|-------------|-----------------------------|----------|---|
| | Sun 9/23 | New | | | | | | | | |
| | Mon 9/24 | Submitted | | | | | | WO - Regular Hours, No Diff | 7.50 | |
| | | Submitted | | | | | | AO - Admin Hours, No Diff | 0.50 | |
| | Tue 9/25 | Submitted | | | | | | WO - Regular Hours, No Diff | 8.00 | |
| | Wed 9/26 | Submitted | | | | | | WO - Regular Hours, No Diff | 8.00 | |
| | Thu 9/27 | Submitted | | | | | | WO - Regular Hours, No Diff | 8.00 | |
| | Fri 9/28 | Submitted | | | | | | WO - Regular Hours, No Diff | 8.00 | |
| | Sat 9/29 | New | | | | | | | | |

Submit Clear