**Purpose:**

The [AGENCY] is committed to promoting physical activity among our employees, clients, and visitors. In accordance with research that shows promoting physical activity in the workplace reduces sick leave usage and absenteeism, [AGENCY] will encourage supervisors to support all staff who wish to utilize their break and lunch periods for physical activity. [AGENCY] recognizes that being active for 30 minutes or more on most days of the week can help employees: lose weight and maintain weight loss; lower their risk of developing serious and costly conditions such as heart disease, cancer, and diabetes; control their blood pressure; and improve productivity. The intent of this policy is to create an environment that promotes physical activity among [AGENCY] employees.

**Covered Individuals:**

The provisions of this policy apply to all [AGENCY] employees.

**Definitions:**

*Physical activity* includes all activities that consist of bodily movements that require energy expenditure above the normal physiological requirements of a typical work day, including but not limited to walking, running, biking, dancing, weight lifting, yoga, and swimming.

**Encouraging Physical Activity:**

1. [AGENCY] will encourage flexible work schedules to allow for *physical activity* before, during, and after work.
2. Employees who wish to exercise during the work day may combine their two 15-minute breaks to be granted 30 minutes per day for a maximum of three (3) days per week. The time for this *physical activity* will be determined by a written agreement between the employee and his or her immediate supervisor to ensure that activities do not interfere with normal work requirements (*see “Employee Request for Physical Activity Time”* form)*.* Supervisors are encouraged, when possible, to schedule working hours that allow an employee who wishes to participate in a *physical activity* to do so.
3. Renewal or continuation of approval to participate in *physical activities* subject to this policy will be annual, preferably during an employee’s performance review.
4. [AGENCY] will display point-of-decision signage at stairwells and elevators that encourages employees, clients, and visitors to take stairs instead of elevators.
5. [AGENCY] will distribute and display campus maps with available walking trails, including measured times and distances. Employees, clients, and visitors may utilize these maps for

activities such as walking groups and “walk and meet” sessions in which employees hold a meeting while walking around campus.

1. Employees will be encouraged to walk or bike to work as appropriate.
2. Employees who organize a full working day conference are encouraged to incorporate a 30-minute physical activity break into the meeting.

**Communication of Policy:**

The policy will be communicated to [AGENCY] employees as follows:

1. News and information related to this policy will be posted on the [AGENCY] website and intranet at [DEDICATED WEB LINK(S)].
2. References to this policy will be added to new employee orientation materials and other publications as appropriate.
3. Walking maps will be posted throughout [AGENCY] facilities and campuses. Each building will display a walking map as appropriate.
4. Lunch and Learn sessions will be provided as available to share with staff physical activity resources within the agency and the greater community.
5. Supervisors will share this policy at staff meetings and during professional development training sessions.

**Physical Activity Resources:**

[AGENCY] will offer resources and support to assist employees who desire to become more physically active at work. Physical activity resources will be promoted or offered to [AGENCY] employees and clients. Many of these activities are offered at little or no cost. Referrals for more information on available physical activity resources may be made to [HR BENEFITS CONTACT/DESIGNATED AUTHORITY].

**Employee Request for Physical Activity Time**

In accordance with the [AGENCY] Physical Activity Policy, I request permission to participate in the following health improvement activity:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Health Activity Location of Activity

The following time schedule will be observed:

Day(s) of the Week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All the terms of the Department policy on physical activity will be followed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name [OFFICE/UNIT WITHIN AGENCY]

**\*Approved by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immediate Supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[DESIGNATED FINAL AUTHORITY] Date

\*Approval is an endorsement of policy intent and does not warrant or guarantee freedom from accident or injury.

*Supervisors are encouraged to contact [HR BENEFITS CONTACT/DESIGNATED AUTHORITY] if they are concerned about the appropriateness of the physical activities for which approval is requested.*