

DCMA INSTRUCTION 618 Work/Life Program

Purpose:

Help employees balance their personal and work lives, as well as improve their health, fitness, and overall wellness.

References:

- a. 5 USC 792, "Federal Employees' Health, Counseling, and Work/Life Programs"
- b. 5 USC 7901, "Health Service Programs"
- c. Office of Personnel Management (OPM), Employee Health Services Handbook
- d. DOD Directive 5105.64, "Defense Contract Management Agency," September 27, 2000
- e. DCMA Collective Bargaining Agreement between DCMA and AFGE Council 170, January 11, 2006
- f. DCMA Instruction, "Managers' Internal Control Program," September 12, 2011

Policy:

It is DCMA Policy that:

DCMA will provide an environment that enhances employees' well-being and improves productivity.

Process

1. Work/Life Program(s) Determination

1.1. DCMA-wide Work/Life Programs include the following: Information and Referral Service; Fitness; and Health Promotion.

1.2. Seminars and associated counseling are available through the health promotion and fitness contract programs. A number of seminars are available in each program area.

1.3. The DCMA Work/Life Manager and the Headquarters, Directorate, Center and Subordinate Office Work/Life Coordinators should determine the appropriate Work/Life

Programs for each location based on the requirements of the employees at their designated work location. This determination may be based on topics of interest of the Headquarters, Directorate, Center and Subordinate Office Work/Life Point of Contact (POC). DCMA Work/Life POCs will be responsible for distributing information on Work/Life programs, scheduling programs/seminars, and making logistical arrangements at their location. Logistical arrangements would include such things as scheduling a room, distributing marketing information about the seminar, and assisting the presenter with audio visual equipment or print reproduction. Work/Life POCs will need to make reasonable accommodations for employees with disabilities. Questions regarding this area should be directed to the Headquarters (HQ) Equal Employment Opportunity (EEO), People with Disabilities Program Manager.

1.3.1. Monthly health promotion materials will be provided via e-mail to all employees for distribution. Other materials will be posted to the DCMA Work/Life website for employee access.

1.4. Work/Life POCs may identify new Work/Life program requirements in addition to the existing Agency programs. These requirements must be coordinated with the DCMA-Human Capital Labor & Employee Relations (HCL) Work/Life Manager for approval and funding by completing the Work/Life Funding GPC Pre-Approval Form. (Appendix A)

2. Work/Life Program Administration

2.1. DCMA-HCL will identify a Work/Life Manager to monitor this program.

2.1.2. Headquarters, Directorates, Centers and Subordinate Offices will maintain a current list of Work/Life POCs implementing Work/Life programs. Each location should identify a POC to facilitate the implementation of the program at the local level. All appointed Work/Life POCs will notify the DCMA-HCL Work/Life Manager with updates, as appropriate.

2.1.3. Work/Life POCs will request seminars and programs offered through their Headquarters, Directorate, Center and Subordinate Office Work/Life Manager. The Work/Life Manager and Coordinators are encouraged to work together to coordinate the offering of seminars and health fairs. Offices with video teleconference capability may consider using this media to share a presentation.

2.1.4. On-site seminars, health screenings and health fairs are limited to stateside locations. Questions regarding alternate means of service delivery for overseas locations should be addressed to the DCMA-HCL Work/Life Manager.

2.1.4.1 Work/Life Managers and Coordinators may schedule a seminar on any of the following topics: tobacco use prevention and cessation; physical fitness; nutrition; stress management; alcohol and drug abuse prevention; and early detection of hypertension, as well as a variety of other health topics. To do so, Work/Life POCs should contact the DCMA Work/Life Manager. Health fairs may be scheduled at locations with 200 employees or more. All health fairs must be coordinated with DCMA-HCL Work/Life Manager.

3. Resourcing (Funds Execution)

3.1. Work/Life Appropriated Funds (APF) are centrally managed and distributed at the DCMA HQ level. Agency-wide programs are funded from DCMA-HCL (Work/Life) resources. Work/Life Appropriated Funds will be planned in advance through the Planning and Programming process to include submission of information to justify funding. The DCMA HQ Work/Life Program Manager will track funds for the entire agency.

3.2. DCMA Headquarters, Directorates, Centers and Subordinate Offices are allocated allowances for civilian fitness memberships and other discretionary use. Work/Life funds are distributed to each location through a Funding Authorization Document. Work/Life Coordinators may request the use of these funds by completing the Work/Life Funding GPC Pre-Approval Form (Appendix A) for approval by the DCMA-HCL Work/Life Program Manager.

3.3. Expenditure of APF must be justified and approved by the Work/Life Manager and purchases made in compliance with regular Agency procurement procedures and in accordance with all laws and regulations governing the expenditure of APF, including any use of the Government Purchase Card (GPC). Work/Life APF should not be used for mission purposes, other than Work/Life Programs, without the prior approval of the DCMA Director.

3.3.1. Examples of permissible items (depending upon the circumstances) may include, but are not limited to, the following:

- Purchase of equipment or supplies judged necessary to accomplish authorized Work/Life Programs
- Purchase of fitness equipment for general employee use

3.3.2. Employees should seek the guidance of the DCMA-HCL Work/Life Manager and/or assigned General Counsel Staff in circumstances in which there is uncertainty as to whether a proposed expenditure of APF is permissible.

3.3.3. The purchase of equipment, such as refrigerators, coffee makers and microwave ovens is not an authorized Work/Life expenditure. Please see the Facilities Management Instruction for the process to obtain those items.

- Examples of generally impermissible items include, but are not limited, to the following:
 - items of a personal nature, whether for mass distribution or for a single person (e.g., coffee mugs or T-shirts)
 - expenditures for social or recreational purposes
 - disposable goods such as paper products
 - food and beverages

4. Work/Life Program Execution

4.1. DCMA's health and wellness program is administered as an Agency-wide contract through the Federal Occupational Health Agency (FOH). This program includes four major components: health risk assessments; health screenings; seminars and health fairs; and health promotion.

4.1.1. DCMA's Information and Referral Service is provided through a contract with FOH and is known as WorkLife4You. WorkLife4You offers assistance in finding information and resources on family/personal, health, education, financial, legal, work, and daily life issues.

4.1.2. These services may be accessed individually by calling a toll free number (800-222-0364) or by using the FOH website at www.worklife4you.com. The first time an employee uses the website, he/she will be required to complete the registration page. The company code is DCMA. The Employee ID is the first part of the employee's DCMA e-mail address (i.e. John.Doe). Part of the registration process includes the creation of an employee private screen name and password for future secure access. DCMA family members may also use the website. DCMA employees must establish separate accounts and provide account access information to their family member(s). The first time the family member enters the website, he/she will be asked to change the password, thereby ensuring the privacy of their file.

4.1.3. The Information and Referral Service offers a number of free on-site seminars annually on topics such as: Family; Health and Wellness; Personal and Professional Development; Professional Development for Managers; Financial/Legal; Emotional Well-being and Daily Life. Work/Life POCs can request these seminars through their respective Region Work/Life Manager. To schedule a seminar, Region Work/Life Managers should contact the DCMA-HCL Work/Life Manager.

4.2. The DCMA certified Wellness/Fitness Coordinator (WFC) may be contacted directly for personal health risk stratification. Employees will complete a fitness form located on the DCMA intranet or download it and provide it to the WFC via e-mail, fax, or hard copy. The WFC will review the form and determine if a health risk exists that will require a physician's release prior to developing a tailored fitness program. The WFC will provide employees with an individually tailored fitness program, track participation, and provide follow-up guidance, motivation and counseling. Work/Life POCs may contact the WFC to establish a motivational fitness program at a particular location or schedule an on-site seminar.

4.2.1. Employees may voluntarily complete the health risk assessment form on-line either on duty time, with their supervisor's approval, or from a home computer. An automated assessment and educational information will be provided electronically based on the individual's health issues. The FOH website contains educational materials on a wide variety of health topics that may be downloaded by the employee.

4.2.2. Health screenings, including blood pressure checks, glucose and cholesterol tests, are available at no cost to DCMA CONUS employees. To schedule these screenings, Headquarters, Directorate, Center and Subordinate Office Work/Life POCs should contact the HQ Work/Life POC to schedule an on-site visit or obtain information on local clinics where employees may receive these tests. Employees may schedule participation with their supervisor's approval during work hours.

4.3. Fitness Program Enrollment

4.3.1. The program runs on a fiscal year basis from October 1st through September 30th of each year.

4.3.1.1. There is an annual open enrollment period that takes place during the month of September during which eligible employees must enroll in the program for the upcoming fiscal year.

4.3.1.2. Both employees who are currently enrolled in the program (enrolled for the prior fiscal year) and employees who are enrolling in the program for the first time must complete the enrollment process for each fiscal year they wish to participate in the program.

4.3.1.3. Enrollments outside the open enrollment timeframe will not be accepted unless the employee who wishes to enroll is replacing (i.e. utilizing the remaining funds allotted for) a participant at their respective work location who enrolled during the open enrollment timeframe, but dropped out of the program before the end of the fiscal year. Additional funds will NOT be sent out to subsidize employees who enroll after the open enrollment timeframe. An employee that does not request reimbursement for two consecutive quarters will be disenrolled from the program.

4.3.1.4. Each employee who wishes to enroll in the program must complete a Fitness Center Subsidy Request Form (Appendix D) and submit the completed form to their first-level supervisor for approval. Once approved (i.e. signed by their first-level supervisor), the employee must submit this form to their local Work/Life Fitness POC. DCMA employees are prohibited from using a fitness center (obligating the payment of government funds) prior to approval of the membership and may not be reimbursed for out-of-pocket payments.

4.3.1.5. Once the Work/Life Fitness POC receives an approved Fitness Center Subsidy Request Form (Appendix D) from an employee, they must enter the employee's information (Name, Annual Subsidy Amount, and Name of Fitness Center, etc.) into the Civilian Fitness Enrollment Report. (Appendix E)

4.3.1.6. The Work/Life Fitness POC must submit a completed Civilian Fitness Enrollment Report (Appendix E) to the Agency Wellness/Fitness Coordinator (WFC) following the end of the open enrollment period.

5. Civilian Fitness Center Membership Program

5.1. Only full-time DCMA civilian employees are eligible for this program. Eligibility of Local Nationals (LN) requires coordination with the assigned Counsel for each overseas location. General Counsel at each overseas location will make the recommendation on whether LNs can participate in the program based on LN agreements.

5.1.1. Employees must be assigned to a DCMA work location at which free DoD/military fitness centers are not reasonably available. The term "reasonably available" refers to a free fitness center that possesses proximity relative to the work location that allows employees to commute to the facility, participate in 30 minutes of physical activity, shower/change, and return to the work location within a 60 minute timeframe.

5.2. Fitness Center Requirements

5.2.1. Membership must be in a multi-purpose health/fitness center which offers, at a minimum, cardiovascular equipment and strength training equipment. Golf lessons, bowling, pilates/yoga studios, and martial arts facilities cross-fit, rehabilitative and therapy centers, skeet shooting, and any other recreational activity will not qualify as a reimbursable expense.

5.2.1.1. The fitness center must offer membership to the general public. Facilities that are specifically designed to meet the unique health and fitness needs may not discriminate to be eligible for reimbursement under this program.

5.3. Fitness Center Attendance

5.3.1. Employees enrolled in the program are required to attend their respective fitness center an average of two times per week over the course of the reimbursement period in order to be eligible for reimbursement for that period.

5.3.1.1. In order to verify that they have satisfied this gym attendance requirement, participating employees are responsible for enrolling in, recording their usage in, and obtaining their gym usage reports from the Motivation Lifestyle Management Center.

5.3.1.2. If a participating employee encounters an extenuating circumstance (such as travel, training, illness, or some type of emergency) that prevents them from satisfying the gym usage requirement during a specific timeframe, it is the discretion of their first-level supervisor as to their eligibility for reimbursement for that timeframe.

5.4. Applying for Reimbursement

5.4.1. DCMA will subsidize fitness memberships at 50 percent up to a maximum of \$16.75 per month (\$50.25 per quarter). The maximum DCMA subsidy per employee is \$201.00 per fiscal year.

5.4.1.1. Reimbursement is based on the single membership rate only. The agency will not reimburse for facility fees, i.e. enrollment fees, towel services, pool access fees, or late payment fees. Fees for specialty classes that are charged in addition to the monthly

membership fee are not eligible for reimbursement, including but not limited to TRX classes, karate classes, and zumbathons.

5.4.1.2. DCMA employees will pay their membership fee in full and seek reimbursement for DCMA's subsidy portion using the SF 1164, Claim for Reimbursement for Expenditures on Official Business form (Appendix F) on a quarterly basis after services have been received. Prepayments are prohibited by law.

5.4.1.3. In addition to the SF 1164, the DCMA employee must submit a receipt of payment (such as a membership agreement, contract, and/or credit card/debit card statement) and a fitness center attendance report to the approving authority (first-level supervisor) when filing for reimbursement.

5.4.1.4. Upon supervisor/approving authority approval of the SF 1164 form, the employee will submit their signed SF 1164, receipt(s) of payment, and fitness center attendance report to their Work/Life Fitness POC for funds obligation.

6. Authorized Time for Fitness (ATF)

6.1. All full-time DCMA employees, including both bargaining unit and non-bargaining unit employees, are eligible for this benefit. Employees that are teleworking may use ATF during their duty hours. Part-time DCMA employees and Contractors are NOT eligible. In addition, employees with performance and/or conduct issues may be ineligible (at management discretion).

6.1.1. Employees will be authorized a minimum of 30 minutes per day up to a maximum of one hour per day for fitness activities, not to exceed two hours per week. ATF can be scheduled during the first or last 30 minutes to one hour of the scheduled workday if approved by the first level supervisor. For example, an employee who normally works from 7:00 a.m. to 3:30 p.m. and is using 30 minutes per day for exercise, is allowed to utilize ATF from 7:00-7:30 a.m. or 3:00-3:30 p.m., or the time maybe added to their lunch period.

6.2. Unused periods cannot be banked and carried over to the next week. The two hours per week includes time for changing clothes, showering and travel to/from the exercise location.

6.2.1. Management may revoke authorized time for fitness privileges if mission requirements warrant or if abuse is identified.

6.3. Employees who wish to utilize authorized time for fitness must submit the following to their first level supervisor:

6.3.1. A written request that includes the projected times/dates that will be utilized for fitness activities, the location of the fitness activities, and the nature of the fitness activities. It is recommended, but not required, that the Authorized Time for Physical Fitness request form at Appendix B be used.

6.3.1.1. A signed physician's consent form from their primary care physician that clears the employee for physical fitness activities and lists any restrictions and/or recommendations that the physician may have for the employee. A copy of the physician consent form must be sent to the Wellness/Fitness Coordinator. The form in Appendix C is recommended for use, but not required.

6.3.1.1.1. The Optional Form 178 used for medical clearance for those personnel on a CCAS deployment will not substitute for the required medical screening by a primary care physician.

6.4. Employees must maintain an informal diary of all activities, goals and progress and keep it available upon the request of their supervisor. Employees may choose to keep their own diary, but in order to receive reimbursement for gym membership costs (see 5.3.1 above), they must register and log their gym usage on the Virtual Fitness Motivation website, at https://home.dcmamil/DCMAHQ/dcma_HC/dcma_HCH/dcma_HCHL/virtual_fitness/index.cfm.

6.4.1. Acceptable fitness activities are subject to the first level supervisor's discretion. However, activities such as walking; jogging; running; using cardiovascular equipment (treadmill, stationary bike, elliptical trainer, arc trainer, stepping machines, etc.); resistance training (free weights, machines, calisthenics, resistance bands, etc.); group exercise classes (i.e. aerobics, kickboxing, yoga, tai chi, spinning, muscle conditioning, pilates, yoga etc.); and flexibility exercises (stretching) are all traditional forms of exercise that address cardiovascular/aerobic endurance, muscular strength/endurance, and/or flexibility.

6.4.1.1. Golf lessons, skiing, bowling and any form of recreational exercise have been specifically identified as unacceptable activities; however, your first level supervisor will make the final determination of the appropriateness of a particular activity as referenced in paragraph 6.4.1 above. In addition, physical therapy and/or any other form of physical rehabilitative treatment are not authorized types of physical activity.

7. Managers' Internal Control Program

7.1. In accordance with the Managers' Internal Control Program (Reference (f)), this Instruction is subject to evaluation and testing. The process flows are attached (Appendix G and H).

8. PLAS Codes

- PLAS Process code: 223C
- PLAS Program codes:
 - A23C Administer/Participate in Health & Wellness Programs
 - B23C Participate in Walk to Wellness Events
 - C23C Authorized Time for Fitness
 - E23C Blood Drive

9. Proponent.

9.1. Proponent. The Director, Human Capital, Labor & Employee Relations Division, is the proponent and point of contact for this policy.



Laura C. Morandi
Executive Director
Human Capital

- Appendix A – Work/Life Funding GPC Pre-Approval Form
- Appendix B – Authorized Time For Physical Fitness (ATF) Request Form
- Appendix C – DCMA Civilian Fitness Medical Practitioner Consent to Physical Fitness Program
- Appendix D – Fitness Center Subsidy Request Form
- Appendix E – Civilian Fitness Enrollment Report
- Appendix F – Claim For Reimbursement For Expenditures On Official Business
- Appendix G – Authorized Time For Fitness (ATF)
- Appendix H – Civilian Fitness Center Membership Program

APPENDIX A WORK/LIFE FUNDING GPC PRE-APPROVAL FORM

DCMA-INST 618
August 15, 2013

Tax Exempt 31-1575142

Control Number	Requestor	Office Symbol and Phone Number	Date Ordered

Yes	No	Did you review required government sources? Unicor FPI Ability One GSA Advantage	Not offered	Waiver attached

		Did you inform vendor that order must be FOB destination? Did you rotate sources? The last vendor used for this purchase was:		

Solicit a quotation from only one vendor unless the purchase is over \$3000 where authorized overseas or you suspect that the price may not be reasonable based on the prior price paid or your own knowledge of the item.

								PURCHASE DOCUMENTATION						
								Vendor 1		Vendor 2		Vendor 3		
Description -								Vendor name						
								Vendor POC						
								Telephone no.						
								Date of quote						
								Qty	Unit Price	Total	Unit Price	Total	Unit Price	Total
1														
2														
3														
4														
5														
6										0.00				
7										0.00				
8										0.00				
9										0.00				
								Shipping, handling						
								TOTAL		0.00		0.00		0.00

Justification for purchase:

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Except as noted, approval is granted to purchase the items listed above using the Government wide Commercial Purchase card. I certify that the supplies and services listed are properly chargeable to the following allotments; the available valances are sufficient to cover the cost; and funds have been committed:

Accounting	
Classification	

Accounting		Amount	
Classification		\$	

			Date
Cardholder name		Signature:	
Billing official name		Signature:	
Requestor receiving signature:			

**APPENDIX B
AUTHORIZED TIME FOR PHYSICAL FITNESS (ATF) REQUEST FORM
DEFENSE CONTRACT MANAGEMENT AGENCY**

Please complete items #1-5 on this form and submit it for approval to your first-level supervisor (if approved, your supervisor should sign and date item #6 below). Both you and your supervisor should keep a copy of your approved ATF request form and doctor's certificate on file.

1. **Name of Employee** (Last, First):

2. **Employee's Projected Times:**

a. **Days of Week** (i.e. Monday, Wednesday, etc.)

b. **Start & End Times for Each Day** (i.e. 11:00 am to 12:00 pm, etc.)

c. **Total ATF Hours for Each Day** (i.e. 30 minutes, 45 minutes, 1 hour, etc.)

3. **Location/Address of Fitness Activities:**

4. **Type/Nature of Fitness Activities** (i.e. brisk walking, jogging, strength training, group exercise classes, etc.):

5. **Employee Signature:**

_____ Date: _____

6. **Supervisory Approval:**

Name: _____ Signature/Date: _____

APPENDIX C

**DCMA CIVILIAN FITNESS
MEDICAL PRACTITIONER CONSENT to
PHYSICAL FITNESS PROGRAM**

_____, my patient and your employee, is certified to participate in physical fitness activities. These activities may include cardio/aerobic endurance, muscular strengthening, flexibility and/or body conditioning.

I have discussed with my patient which of these activities may be most appropriate for them. The employee will be participating in _____ fitness activities and I certify that they may participate in these activities.

There are no limiting physical conditions that restrict their participation.

There are physical conditions that limit their participation in the physical fitness program. Those limitations are:

Medical Practitioner

Date

APPENDIX D

**FITNESS CENTER SUBSIDY REQUEST FORM
FY 20 ____ Civilian Fitness Center Membership Program
Defense Contract Management Agency**

Please complete items #1-5 on this form and submit it for approval to your first-level supervisor (if approved, your supervisor should sign and date item #6 below). You should then submit the approved form to your local Work/Life Fitness POC to complete the enrollment process.

1. Name of Employee (Last, First):

2. Name of Health/Fitness Facility:

3. Address of Health/Fitness Facility:

4. Cost of Membership during the Fiscal Year (October 1st through September 30th):

Annual: \$ _____

Quarterly: \$ _____

Monthly: \$ _____

5. Subsidy Amount Required for the Fiscal Year 20__ (Employees are reimbursed at a rate of 50% of their fitness center membership fees, up to a maximum of \$16.75 per month/\$50.25 per quarter/\$201.00 per fiscal year):

Annual: \$ _____

Quarterly: \$ _____

Monthly: \$ _____

7. Supervisory Approval:

Name: _____ Signature/Date: _____

**APPENDIX E
CIVILIAN FITNESS ENROLLMENT REPORT**

Headquarters/Directorate/Center:			
Subordinate Office:			
POC:			
Name (Last, First)	Name of Designated Fitness Center	Cost of Membership During Fiscal Year (Annual)	Annual Subsidy Required During Fiscal Year*

Total FY 20__ Subsidy Amount:	\$0.00
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APPENDIX F

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE	2. VOUCHER NUMBER
		3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

CLAIMANT	4. a. NAME <i>(Last, first, middle initial)</i>	b. SOCIAL SECURITY NO	5. PAID BY
	c. MAILING ADDRESS <i>(Include ZIP Code)</i>	d. OFFICE TELEPHONE NUMBER	

6. EXPENDITURES *(If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)*

DATE	YR	C O D E	Show appropriate code in col. (b): A - Local travel B - telephone or telegraph, or C - Other expenses <i>(Itemized)</i>	MILEAGE RATE	AMOUNT CLAIMED			
					MILEAGE	FARE OR TOLL	ADD PER-SONS	TIPS AND MISCEL-LANEOUS
(a)	(b)	(c)	(d) FROM TO	(e) NO OF MILES	(f)	(g)	(h)	(i)
<i>If additional space is required continue on the back</i>				SUBTOTALS CARRIED FORWARD FROM THE BACK				

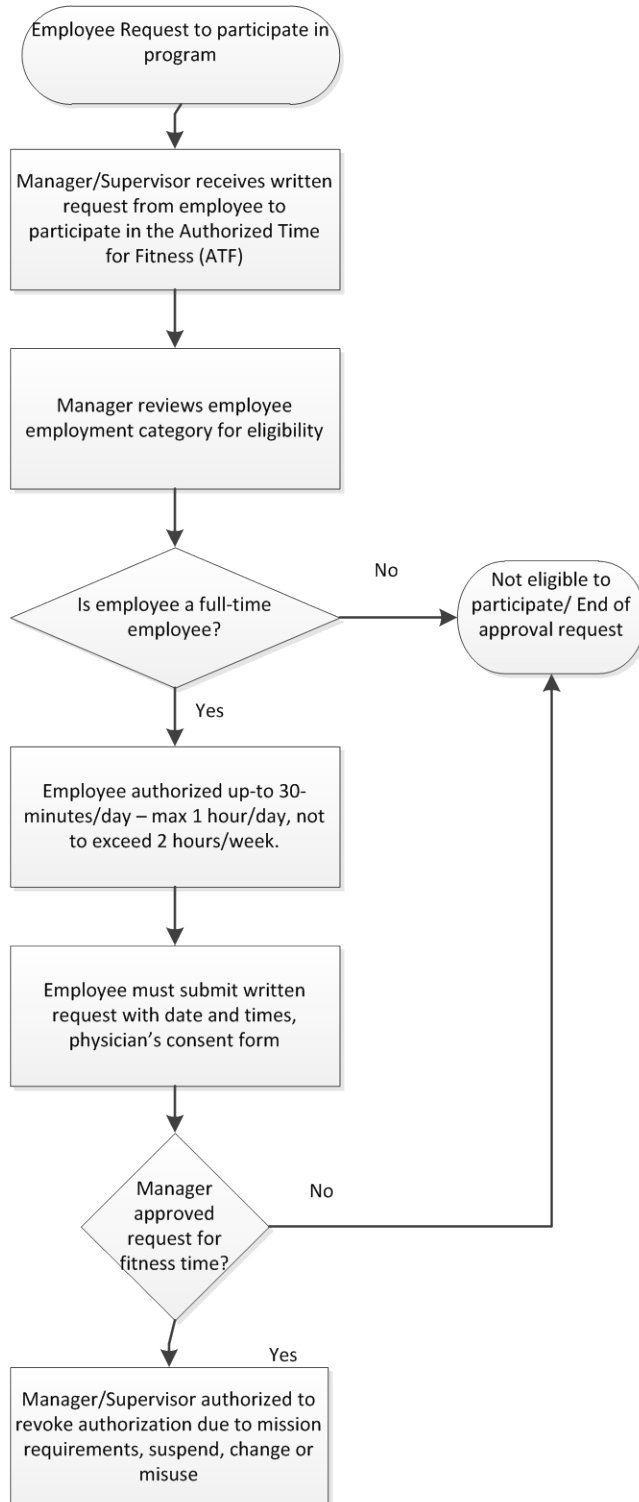
<p>7. AMOUNT CLAIMED <i>(Total of cols. (f), (g), and (i).)</i></p> <p>8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. <i>(Note. If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680A).)</i></p> <p style="text-align: center;"><i>Sign Original Only</i></p> <p style="text-align: right;">DATE</p> <p>APPROVING OFFICIAL SIGN HERE </p>	<p style="text-align: center;">TOTALS</p> <p>10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.</p> <p style="text-align: center;"><i>Sign Original Only</i></p> <p style="text-align: right;">DATE</p> <p>CLAIMANT SIGN HERE </p> <hr/> <p>11. CASH PAYMENT RECEIPT</p> <p>a. PAYEE <i>(signature)</i></p> <p>b. DATE RECEIVED</p> <p>c. AMOUNT</p>
<p>9. This claim is certified correct and proper for payment.</p>	

<i>Total each column and enter on the front, subtotal line</i>			▶						

In compliance with the Privacy act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 17 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 601(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943 for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

STANDARD FORM 1164 (REV. 11-77) **BACK**

APPENDIX G Authorized Time for Fitness (ATF)



APPENDIX H Civilian Fitness Center Membership Program

