



State of New Mexico
STATE PERSONNEL OFFICE
Employee Policies

SUBJECT: Fitness and Wellness Policy

Policy Number: 27

Effective Date: 09/25/2019

1. PURPOSE

- 1.1. The purpose of this policy is to support State Personnel Office employees in pursuing a healthy lifestyle, potentially leading to improved job performance, increased work satisfaction, and reduced health care and insurance costs.

2. APPLICABILITY

- 2.1. This policy and these procedures apply to all State Personnel Office employees.

3. AUTHORITY

- 3.1. 1.7.2 NMAC (General Government Administration, State Personnel Administration, Classified Service Appointments).
- 3.2. 1.7.4 NMAC (General Government Administration, State Personnel Administration, Pay).

4. DEFINITIONS

- 4.1. **Administrative leave:** leave not accrued by employees and approved by the Director of the State Personnel Office or the Director's designee.
- 4.2. **Fitness and wellness activities:** activities that promote physical and/or mental wellbeing, including physical exercise (for example, bicycling, walking, jogging, yoga, weight training, swimming, tennis, volleyball, softball and racquetball), health risk appraisals, wellness screenings, fitness testing, mindfulness and meditation exercises, healthy eating classes, nutrition consultation, health behavior change coaching, and smoking cessation classes.
- 4.3. **HR:** State Personnel Office's Human Resources.
- 4.4. **Modified work schedule:** a work schedule other than the normal work schedule 8:00 AM to 12:00 PM and 1:00 PM to 5:00 PM.

5. POLICY

- 5.1. State Personnel Office recognizes the benefits of employee health and wellness and supports time for fitness and wellness activities. State Personnel Office also recognizes such activities are mutually beneficial to State Personnel Office and its employees because they improve productivity, work performance, and morale while reducing absenteeism, turnover and health care costs.
- 5.2. Employees may request modified work schedules that permit the employee administrative leave for up to two (2) hours total per week for fitness and wellness activities.
- 5.3. Time needed for travel, taking showers, changing clothes and/or eating lunch must be considered and should be included in the modified work schedule.
- 5.4. Employees may elect to forego a scheduled period of fitness and wellness activity. However:
 - 5.4.1. missed fitness and wellness time may not be accumulated and taken during subsequent weeks;

- 5.4.2. missed fitness and wellness time may not be added onto fitness and wellness activities during the same work week; and,
- 5.4.3. missed fitness and wellness time may be made up at another time during the same work week provided written approval from supervisors is obtained.
- 5.5. Fitness and wellness activities will not be counted toward the earning of Fair Labor Standards Act (FLSA) Overtime or State Compensatory Time.
- 5.6. While considering and reviewing requests for participation in the fitness and wellness program, supervisors should maintain adequate coverage to meet State Personnel Office business needs, not unfairly shift workloads to other staff members, and incur no additional associated costs to State Personnel Office.
- 5.7. Supervisors are not required to consider a request for a schedule change to participate in the fitness and wellness program more frequently than every ninety (90) days for any participant. However, schedules may be modified at any time provided all the provisions of the policy are fulfilled and provided employees' supervisors agree to consider and evaluate new requests.
- 5.8. Requests to participate in the fitness and wellness program are approved for one (1) year at a time. Requests will be considered each year in January. If an employee's initial request is approved in the middle of a year, the employee must renew the employee's requests the following January.
- 5.9. Participants in this program are responsible for notifying their supervisor should they cease to engage, on a regular basis, in their fitness and wellness activities on the days specified on their fitness and wellness request.
- 5.10. State Personnel Office employees are eligible to participate in this program unless the following criteria apply to them:
 - 5.10.1. they are in a temporary or a probationary status (see 1.7.2 NMAC);
 - 5.10.2. they have been disciplined in the form of a written reprimand, suspension or demotion within the previous twelve (12) months for excessive absenteeism or excessive tardiness;
 - 5.10.3. they are on a performance development plan; or
 - 5.10.4. they have been counseled on excessive absenteeism or tardiness.
- 5.11. No part of this policy shall be construed to imply either a requirement of participation in a fitness and wellness activity(ies) or an endorsement of participation in any particular fitness and wellness activity(ies) by employees.
- 5.12. As a condition of participating in State Personnel Office-approved fitness and wellness activities, employees irrevocably agree to indemnify and hold State Personnel Office and the State of New Mexico harmless from any and all liability and waive any claims, including but not limited to workers' compensation, for any and all injuries or illnesses caused by or aggravated by fitness and wellness activities undertaken pursuant to this policy.
- 5.13. Participation in the fitness and wellness program is a privilege afforded to employees by State Personnel Office and will not take precedence over employees' work responsibilities or State Personnel Office workload requirements. Employees' participation in fitness and wellness activities may be temporarily or permanently adjusted by supervisors to accommodate the business needs of State Personnel Office or failure of employee to meet eligibility requirements.

6. PROCEDURES


- 6.1. Employees wishing to participate in the program must download a Request for Participation in Fitness and Wellness Program form from the State Personnel Office "S Drive". A sample of this form is attached to this policy.
 - 6.1.1. The form is available on the State Personnel Office "S Drive" under "14-SPO-Common" and "Templates and Forms", then "HR Forms".
- 6.2. Employees must fill out Section A of the form per the form's instructions.
- 6.3. When completed, employees must submit forms to their immediate supervisor, Bureau Chief, and Division Director for review and approval.
 - 6.3.1. The criteria for supervisors to consider employee requests shall be based on meeting both the business needs of the agency and the individual needs of employees, in a way that the employee's work meets the established level of performance and timeliness, as well as eligibility criteria as stated in this policy and procedure.
 - 6.3.2. Once an employee submits the Request to Participate in Fitness and Wellness Program form, the supervisor is expected to reach a decision and communicate it to the employee in a timeframe not to exceed seven (7) business days.
- 6.4. When all signatures are secured, employees must forward completed forms to HR.
- 6.5. HR will keep completed and signed forms in the employee's personnel file.
- 6.6. Once participation in the program has begun, time taken for the fitness and wellness program is to be entered as administrative leave.
 - 6.6.1. When entering time as administrative leave for participation in the fitness and wellness program, employees must enter a comment of "fitness and wellness program" in the comment section of the timesheet, or use the specific time code as may be created in the future for this purpose.
 - 6.6.2. Failure to enter this in the comments section of a timesheet could cause that time to not be approved and a reduced paycheck.
 - 6.6.3. The privilege of participating in the fitness and wellness program may be revoked for those who continually fail to enter the comment "fitness and wellness program" on timesheets.

7. ATTACHMENTS


- 7.1. Sample of Request to Participate in Fitness and Wellness Program (Fillable Version).
- 7.2. Sample of Request to Participate in Fitness and Wellness Program (Non-Fillable Version).

8. APPROVAL

8.1. Approved by:



Pamela D. Coleman
Director, State Personnel Office



Date

REQUEST TO PARTICIPATE IN FITNESS AND WELLNESS PROGRAM

[Fillable Version (Fill out on computer)]

SECTION A—EMPLOYEE REQUEST

This is a formal request to participate in the fitness and wellness program with a modified work schedule as specified below. I propose to add the following time (totaling no more than two hours per week) as administrative leave for fitness and wellness on the days specified below as forth in State Personnel Office Fitness and Wellness Policy. (Read and enter your initials in boxes next to *all* items above your signature.)

Employee Name: _____ SHARE # _____

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- I understand that I must obtain supervisory approval for participation in the fitness and wellness program.
- I agree to report administrative leave with the comment "fitness and wellness program" on my timesheet each and every time I participate in the fitness and wellness program.
- I have read the fitness and wellness program policy and agree to comply with all of its requirements.
- I certify that, to the best of my knowledge, I have no medical conditions or limitations that would put me at risk of injury or risk of harm to my health if I participate in the fitness and wellness program.
- I understand that participation in the fitness and wellness program is not an entitlement and can be modified, including cancellation, at any time. I IRREVOCABLY AGREE TO INDEMNIFY AND HOLD STATE PERSONNEL OFFICE AND THE STATE OF NEW MEXICO HARMLESS FROM ANY AND ALL LIABILITY AND WAIVE ANY CLAIMS, INCLUDING BUT NOT LIMITED TO WORKERS' COMPENSATION, FOR ANY AND ALL INJURIES OR ILLNESSES CAUSED BY OR AGGRAVATED BY FITNESS AND WELLNESS ACTIVITIES UNDERTAKEN PURSUANT TO THIS POLICY.

Employee Signature: _____ Date: _____

SECTION B—APPROVAL

Employee's request to participate in the fitness and wellness program is:

<input type="checkbox"/> Approved as requested.	<input type="checkbox"/> Approved with the following days substituted:			
<input type="checkbox"/>	<input type="checkbox"/>			
Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not approved for the following reason(s):		<input type="checkbox"/>	Employee is temporary or probationary.	
<input type="checkbox"/>	Employee on a Performance Development Plan	<input type="checkbox"/>	Employee has been disciplined within the past 12 months.	
<input type="checkbox"/>	Other (briefly explain: 250 char. limit)			

Supervisor Signature: _____ Date: _____

Director Signature: _____ Date: _____