

SUPERVISOR AGREEMENT

Return to the Healthy Workplace Coordinator:

By Mail:  
Army Substance Abuse Program  
Healthy Workplace (MCHD-CSA)  
1520 Freedman Drive, Suite 300  
Fort Detrick, MD 21702-5016

By Fax: 301-619-6363

\_\_\_\_\_  
Civilian Employee's Name

I, \_\_\_\_\_, the supervisor of the individual stated above, understand that he/she will be participating in the Fort Detrick Healthy Workplace Physical Fitness Program for three (3) one hour sessions each week for a total of 78 hours over the course of six (6) months, unless illness or injury dictate otherwise, and that this program may only be utilized (1) one time during their employment. I understand that participation will be the place of duty for the above mentioned individual, and that I agree to allow my civilian employee to attend during working hours for the time frame beginning on \_\_\_\_\_, and ending \_\_\_\_\_.

APPROVED/DISAPPROVED \_\_\_\_\_  
Signature (Supervisor) Date

APPROVED/DISAPPROVED \_\_\_\_\_  
Signature (Director) Date