



New Mexico
Department of Finance
and Administration

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(505) 827-4985

Policy and Procedures

Human Resources

FITNESS AND WELLNESS POLICY

I. PURPOSE

The purpose of the New Mexico Department of Finance and Administration’s Fitness and Wellness Policy (“Policy”) is to support Employees in pursuing a healthy lifestyle,- potentially leading to improved job performance, increased work satisfaction, and reduced health care and insurance costs. This Policy applies to all Employees and is authorized in accordance with 1.7.2 NMAC (General Government Administration, State Personnel Administration, Classified Service Appointments) and 1.7.4 NMAC (General Government Administration, State Personnel Administration, Pay).

II. DEFINITIONS

- A. “Administrative Leave”** means leave not accrued by employees and approved by the Cabinet Secretary or the Designee.
- B. “Fitness and Wellness Activities”** means 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.
- C. “Modified Work Schedule”** means a work schedule other than the normal work schedule 8:00 AM to 12:00 PM and 1:00 PM to 5:00 PM.

III. POLICY

- A.** DFA recognizes the benefits of employee health and wellness and supports time for fitness and wellness activities. DFA also recognizes such activities are mutually beneficial to DFA and its employees because they improve productivity, work performance, and morale while reducing absenteeism, turnover and health care costs.
- B.** In accordance with Executive Order 2019-024, DFA will allow employees to request a modified work schedule that permits authorization up to two (2) hours per week of Administrative Leave for Fitness and Wellness Activities.
- C.** Employees must work a minimum of six (6) regular hours in the workday to take Fitness and Wellness Leave on that day. Administrative Leave for Fitness and Wellness Activities may not be combined with any other type of leave, alternative

work schedule, or office closures to shorten the scheduled end of an employee's workday. In accordance with DFA's Mandatory Meeting Policy, Mandatory Meetings override any schedule Administrative Leave for Fitness and Wellness Activities.

D. DFA employees are eligible to participate in this program unless the following criteria apply to them:

- They are in a temporary or a probationary status (see 1.7.2 NMAC);
- They have been counseled or disciplined in the form of a verbal or written reprimand, suspension, or demotion within the previous twelve (12) months for excessive absenteeism or excessive tardiness;
- They are on a performance improvement plan; and/or

E. As a condition of participating in DFA's fitness and wellness program, employees irrevocably agree to indemnify and hold DFA 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.

F. Time needed for travel, taking showers, changing clothes and/or eating lunch must be considered in requesting a Modified Work Schedule to take Administrative Leave for Fitness and Wellness Activities.

G. Employees may elect to forego a scheduled period of fitness and wellness activity. However, Administrative Leave for Fitness and Wellness Activities may not be flexed:

- Missed Administrative Leave may not be accumulated and taken during subsequent weeks; and
- Missed Administrative Leave may not be added onto Fitness and Wellness Activities during the same work week.

H. Administrative Leave for Fitness and Wellness Activities will not be counted toward the earning of Fair Labor Standards Act (FLSA) Overtime or State Compensatory Time.

IV. APPROVAL AND SUPERVISION

A. While considering and reviewing requests for participation in the fitness and wellness program, supervisors must maintain adequate coverage to meet DFA business needs (8:00 am to 5:00 pm), not unfairly shift workloads to other staff members, and incur no additional associated costs to DFA.

B. 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.

- C. Supervisors are not required to consider a request for a schedule change to participate in the fitness and wellness program more frequently than once per year. However, schedules may be modified at any time provided all the provisions of the policy are fulfilled and an employees' Division Director agrees to consider and evaluate new requests.
- D. 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 Administrative Leave for Fitness and Wellness Activities.
- E. 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.
- F. Participation in the fitness and wellness program is a privilege afforded to employees by DFA and will not take precedence over employees' work responsibilities or DFA workload requirements. Employees' participation in fitness and wellness activities may be temporarily or permanently adjusted by supervisors to accommodate the business needs of DFA or failure of employee to meet eligibility requirements.

V. PROCEDURES


- A. Employees wishing to participate in the program must download a Request for Participation in Fitness and Wellness Program form from the DFA Human Resources webpage. A sample of this form is attached to this policy.
- B. Employees must fill out Section A of the form per the form's instructions. When completed, employees must submit forms to their immediate supervisor, Bureau Chief, and Division Director for review and approval.
 - 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.
 - 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 twenty (20) business days.

C. When all signatures are secured, employees must forward completed forms to HR. HR will keep completed and signed forms in the employee's personnel file. Once participation in the program has begun, time taken for the fitness and wellness program is to be entered as administrative leave.

- 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.
- Failure to enter this in the comments section of a timesheet could cause that time to not be approved and a reduced paycheck.
- 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.

VI. ATTACHMENTS

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

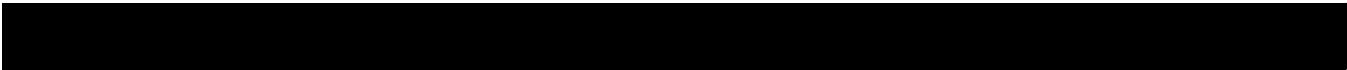
Signed by:

6EB4D958A89A432...

1/14/2026

Wayne Propst, **Cabinet Secretary**

Date

REQUEST TO PARTICIPATE IN FITNESS AND WELLNESS PROGRAM



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 Fitness/Wellness – TRC FITWL for fitness and wellness on the *time and days* specified below as forth in Department of Finance and Administration Fitness and Wellness Policy. (Read and enter your initials in boxes next to *all* items above your signature.)

Employee

SHARE #

Name: _____

Monday	Tuesday	Wednesday	Thursday	Friday
Time	Time	Time	Time	Time

	I understand that I must obtain supervisory approval for participation in the fitness and wellness program.
	I agree to report Fitness/Wellness TRC (FITWL) 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 DEPARTMENT OF FINANCE AND ADMINISTRATION 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:



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

	Approved as requested.		Approved with the following days substituted:
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Monday	Tuesday	Wednesday	Thursday	Friday
Time	Time	Time	Time	Time

Not approved for the following reason(s):		Employee is temporary or probationary.
Employee on a Performance Development Plan		Employee has been disciplined within the past 12 months.
Other (briefly explain):		

Supervisor Signature: _____ Date: _____

Bureau Chief Signature: _____ Date: _____

Division Director Signature: _____ Date: _____