



# Physical Requirements of Position/Occupational Title

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: (916) 795-1280

This form must be completed by your employer based on the usual job duties of your position. Both you and your employer must sign this form. We advise you sign this form together.

## Section 1

### Member Information

Name of Member (First Name, Middle Initial, Last Name)	Social Security Number or CalPERS ID
Position/Occupational Title	Name of Employer

## Section 2

### Usual Job Duties of Position

**Employer:** You must be familiar with the member's position as it is usually performed.

Usual hours worked per day: \_\_\_\_\_

Has the member been through the reasonable accommodation process?  Yes  No

If yes, provide CalPERS with the documentation/reasonable accommodation form.

Indicate with one check mark (✓) per activity the duration of each activity required to carry out the member's usual job duties.

Activity	Never/Rarely < 5 min.	Infrequently 5-30 min.	Occasionally 31 min.-2.5 hrs.	Frequently 2.5-5.0 hrs.	Constantly > 5 hrs.
Interacting/communicating:					
Face-to-face with public					
By phone with public					
With inmates, patients, or clients					
With co-workers					
Supervising staff					
Lifting/Carrying:					
0-10 lbs.					
11-25 lbs.					
26-50 lbs.					
50+ lbs.					
Sitting					
Standing					
Walking					
Running					
Crawling					
Kneeling					
Climbing					
Squatting					
Bending (neck)					
Bending (waist)					
Twisting (neck)					
Twisting (waist)					
Reaching (above shoulder)					
Reaching (below shoulder)					

The total of these activities should not exceed the usual hours worked per day.

Continued on page 2.

Put your name and Social Security number or CalPERS ID at the top of every page.

Your Name

Social Security Number or CalPERS ID

**Section 2 (continued)**

**Usual Job Duties of Position, continued**

**Employer:** If there is not enough space to enter all the additional requirements, attach a separate sheet. Be sure to clearly write the member's name and Social Security number or CalPERS ID on each attachment.

Activity	Never/Rarely < 5 min.	Infrequently 5-30 min.	Occasionally 31 min.-2.5 hrs.	Frequently 2.5-5.0 hrs.	Constantly > 5 hrs.
Pushing and pulling					
Power grasping					
Handling (holding, light grasping)					
Fine fingering (pinching, picking)					
Computer use (keyboard, mouse)					
Walking on uneven ground					
Driving					
Operating hazardous machinery					
Exposure to excessive noise					
Exposure to extreme temperature					
Exposure to dust, gas, fumes, or chemicals					
Working at heights					

**Section 3**

**Signature of Employer**

Once you have completed and signed this form, please have the member sign Section 4. You must send the original to CalPERS.

\_\_\_\_\_  
Signature of Employer Representative

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

**Section 4**

**Signature of Member**

You must provide this form and your job duty statement to your medical specialist for review.

Once you have signed this section, your employer must provide you with a copy. If you do not agree with your employer's assessment, please provide your comments below. If needed, you may complete a new form, which you can find at [www.calpers.ca.gov](http://www.calpers.ca.gov).

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Mail to:**

**CalPERS Disability & Survivor Benefits Division • P.O. Box 2796, Sacramento, California 95812-2796**

# Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

## Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

## Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

## Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

## Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).