

Physical Requirements of Position/Occupational Title

(Local Safety)

This form must be completed by the local safety employer based on the **usual job duties** of the member's position. Both the member and the employer must sign this form. We advise you sign this form together.

Section 1: Member Information

Employer must fill out this section.

Member's Name (First Name, Middle Name, Last Name)

Social Security Number or CalPERS ID

Position/Occupational Title

Name of Employer

Section 2: Usual Job Duties of Position

Employer must be familiar with the member's position as it is usually performed. Indicate with one check mark (✓) per activity the duration of each activity required to carry out the member's usual job duties. 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.

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.

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					

Member's name**Social Security Number or CalPERS ID**

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

Section 2: Usual Job Duties of Position, continued

The total of sitting, standing, walking, running, crawling, kneeling, climbing and squatting should not exceed the usual hours worked per day.

Activity	Never/Rarely < 5 min.	Infrequently 5-30 min.	Occasionally 31 min. – 2.5 hrs.	Frequently 2.5-5.0 hrs.	Constantly > 5 hrs.
Crawling					
Kneeling					
Climbing					
Squatting					
Bending (neck)					
Bending (waist)					
Twisting (neck)					
Twisting (waist)					
Reaching (above shoulder)					
Reaching (below shoulder)					
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 form to CalPERS and provide a copy of this form along with the job duty statement to the member's medical specialist for review.

Signature of Employer Representative**Date (mm/dd/yyyy)**

Position Title**Phone number**

Member's name

Social Security Number or CalPERS ID

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

Section 4: Signature of Member

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.

Signature of Member

Phone Number

Date (mm/dd/yyyy)

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).