

## Physical Requirements of Position/Occupational Title

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

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Name of Member (First Name, Middle Initial, Last Name)

CalPERS ID or Social Security Number

Position/Occupational Title

Name of Employer

### Section 2: Usual Job Duties of Position

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**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<br>< 5 mins. | Infrequently<br>5-30 mins. | Occasionally<br>31 mins.-2.5 hrs. | Frequently<br>2.5-5.0 hrs. | Constantly<br>> 5 hrs. |
|---|---------------------------|----------------------------|-----------------------------------|----------------------------|------------------------|
| <b>Interacting/communicating:</b>         |                           |                            |                                   |                            |                        |
| <b>Face-to-face with public</b>           |                           |                            |                                   |                            |                        |
| <b>By phone with public</b>               |                           |                            |                                   |                            |                        |
| <b>With inmates, patients, or clients</b> |                           |                            |                                   |                            |                        |
| <b>With co-workers</b>                    |                           |                            |                                   |                            |                        |
| <b>Supervising staff</b>                  |                           |                            |                                   |                            |                        |
| <b>Lifting/Carrying:</b>                  |                           |                            |                                   |                            |                        |
| <b>0-10 lbs.</b>                          |                           |                            |                                   |                            |                        |
| <b>11-25 lbs.</b>                         |                           |                            |                                   |                            |                        |
| <b>26-50 lbs.</b>                         |                           |                            |                                   |                            |                        |
| <b>50+ lbs.</b>                           |                           |                            |                                   |                            |                        |

Section 2: Usual Job Duties of Position (continues on the next page)

| Activity   | Never/Rarely<br>< 5 mins. | Infrequently<br>5-30 mins. | Occasionally<br>31 mins.-2.5 hrs. | Frequently<br>2.5-5.0 hrs. | Constantly<br>> 5 hrs. |
|--|---------------------------|----------------------------|-----------------------------------|----------------------------|------------------------|
| <b>* The total of these activities should not exceed the usual hours worked per day.</b> |                           |                            |                                   |                            |                        |
| * Sitting  |                           |                            |                                   |                            |                        |
| * Standing   |                           |                            |                                   |                            |                        |
| * Walking  |                           |                            |                                   |                            |                        |
| * Running  |                           |                            |                                   |                            |                        |
| * Crawling   |                           |                            |                                   |                            |                        |
| * Kneeling   |                           |                            |                                   |                            |                        |
| * Climbing   |                           |                            |                                   |                            |                        |
| * Squatting  |                           |                            |                                   |                            |                        |
| Bending (neck)   |                           |                            |                                   |                            |                        |
| Bending (waist)  |                           |                            |                                   |                            |                        |
| Twisting (neck)  |                           |                            |                                   |                            |                        |
| Twisting (waist)   |                           |                            |                                   |                            |                        |
| Reaching (above shoulder)  |                           |                            |                                   |                            |                        |
| Reaching (below shoulder)  |                           |                            |                                   |                            |                        |
| Pushing and pulling  |                           |                            |                                   |                            |                        |
| Power grasping   |                           |                            |                                   |                            |                        |
| Handling<br>(holding, light grasping)  |                           |                            |                                   |                            |                        |
| Fine fingering<br>(pinching, picking)  |                           |                            |                                   |                            |                        |
| Computer use<br>(keyboard, mouse)  |                           |                            |                                   |                            |                        |
| Walking on uneven ground   |                           |                            |                                   |                            |                        |
| Driving  |                           |                            |                                   |                            |                        |
| Operating hazardous<br>machinery   |                           |                            |                                   |                            |                        |
| Exposure to excessive noise  |                           |                            |                                   |                            |                        |
| Exposure to extreme<br>temperature   |                           |                            |                                   |                            |                        |
| Exposure to dust, gas, fumes,<br>or chemicals  |                           |                            |                                   |                            |                        |
| Working at heights   |                           |                            |                                   |                            |                        |

**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 CalPERS ID or Social Security number on each attachment.

### Section 3: Signature of Employer

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Once you have completed and signed this form, please have the member sign Section 4.

You must send the original to CalPERS.

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**Signature of Employer Representative**

**Date (mm/dd/yyyy)**

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**Print Employer Representative Name**

**Phone Number**

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**Position Title of Employer Representative**

### Section 4: Signature of Member

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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).

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**Signature of Member**

**Phone Number**

**Date (mm/dd/yyyy)**

**Send to:**

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

**888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: (800) 959-6545**