

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

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

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 mins.	Infrequently 5-30 mins.	Occasionally 31 mins.-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.					

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

Activity	Never/Rarely < 5 mins.	Infrequently 5-30 mins.	Occasionally 31 mins.-2.5 hrs.	Frequently 2.5-5.0 hrs.	Constantly > 5 hrs.
* The total of these activities should not exceed the usual hours worked per day.					
* 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 (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					

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

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)

Print Employer Representative Name

Phone Number

Position Title of Employer Representative

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.

Signature of Member

Phone Number

Date (mm/dd/yyyy)

Send to:

CalPERS Disability & Survivor Benefits Division, P.O. Box 2769, Sacramento, California 95812-2796

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