State of California
California Public Employees' Retirement System
www.calpers.ca.gov

Physical Requirements of Position/Occupational Title

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

For Local Safety employers, please provide a copy of this form along with the job duty statement to the member's physician(s) or independent medical examiner for review.

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. 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.

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 members' usual job duties.

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

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.
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					

Section 3: Signature of Employer

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

This form, along with the job duty statement, must be provided to the 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 2796, Sacramento, CA 95812-2796

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