

**The appointing authority hereby applies for:**

- Service-Connected** or **Nonservice-connected disability retirement** or
 Supplemental Disability Allowance

NOTE: If at the time of its initial determination, the Board of Retirement finds a member is permanently incapacitated but the disability is not work-related, the Board may grant a nonservice-connected disability retirement. The member **may appeal** that decision. **However, the Board's finding of disability will not be binding if its initial determination is appealed and the Board refers the matter for an administrative hearing.**

Please check one:

Is there another position that he/she would be able to perform with the County that would not result in a loss of income to the employee?

- Yes No

 Service-connected salary supplement

Government Code §31725.6 allows retired members with service-connected disabilities to return to work through a rehabilitation program via which they assume a new position they are capable of performing. Concurrence of the member in the plan is required. The disability retirement benefit is the difference between the new, lesser paying position and the higher paying position. **Applies only to those members who were incapacitated for the performance of their duties prior to January 1, 2004, and who are eligible to retire for service-connected disability.**

 Service-connected salary supplement

Government Code §31725.65 allows retired members with service-connected disabilities to return to work, through a reemployment plan, in a new position they are capable of performing. Concurrence of the member in the plan is required. The disability retirement benefit is the difference between the new, lesser paying position and the higher paying position. **Applies only to those members who were incapacitated for the performance of their duties on or after January 1, 2004, and who are eligible to retire for service-connected disability.**

 Nonservice-connected salary supplement

Government Code §31725.5 allows retired members with service-connected disabilities to return to work, through a reemployment plan, in a new position they are capable of performing. This benefit is a voluntary one on the part of the applicant. The disability retirement benefit is the difference between the new, lesser paying position and the higher paying position. **Applies to members eligible to retire for nonservice-connected disability.**

Current employment status with County (check all items which apply):

- Working _____ hours per week.
- Sick leave with compensation. Approximate date leave ends: _____
- Industrial leave with compensation. Approximate date leave ends: _____
- Resigned or terminated from County service. Effective date: _____
- Receiving or have received Long Term Disability (LTD) administered by Sedgwick CMS Company.*
 Period(s) paid by LTD? _____

*Formerly called Voluntary Plan Administrators (VPA)



1. Describe specifically the injury or illness causing the employee to be permanently disabled from performing his/her duties including the body parts that are involved:

2. What date did the injury occur or when did you first notice the employee was ill? _____

3. Where did the injury or illness occur? _____

4. How did the injury occur, or what caused the onset of the illness? **(Please answer completely.)**

5. Please list all witnesses to the job-related injuries or illness. Give name, work locations, phone numbers and addresses of the witnesses.

6. Describe **actual duties performed** by the employee at the time the disability arose. (Attach Class Specifications.)



7. State in detail the **usual duties the employee cannot perform** because of his/her disability.

8. (a) Are you claiming the job or job environment has aggravated or accelerated a preexisting injury or illness? **Yes** **No** **If yes:**

(b) What is the nature of the preexisting injury or illness?

(c) Give the date of the original occurrence of the injury or onset of the illness.

9. Do you know if the employee has any permanent work restrictions?

Yes **No** **If yes, who issued the restrictions?**

_____ Occupational Health Services (OHS)

_____ Workers' Compensation

_____ Other

Attach a copy of the work restrictions.



10. Include any information you wish the Board of Retirement to consider in determining the employee's disability.

Executed on _____ in _____, California.
(Date)

I declare, under penalty of perjury, that to the best of my knowledge the foregoing is true and correct.

Authorized Employer Signature

Title

Phone No.