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**IF YOU ARE USING A PUBLIC ACCESS
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BE CERTAIN YOU DRAG THIS FORM TO THE TRASH CAN
AND EMPTY THE TRASH WHEN FINISHED.**

**THIS WILL PREVENT UNAUTHORIZED
ACCESS TO PERSONAL INFORMATION SUCH AS
YOUR NAME, HOME ADDRESS, AND
SOCIAL SECURITY NUMBER.**

Disability Retirement Application Checklist

For Disability Retirement Under the Civil Service Retirement System
and the Federal Employees Retirement System
(to be completed by employing agency)

1. Name of applicant (<i>last, first, middle</i>)		2. Date of birth (<i>mo./day/yr.</i>)		3. Social security number	
4. Do available records show that the employee has at least 5 years of civilian service under the Civil Service Retirement System or at least 18 months under the Federal Employee's Retirement System? <input type="checkbox"/> Yes <input type="checkbox"/> No					
5. Will employee remain in duty status? <input type="checkbox"/> Yes <input type="checkbox"/> No			5a. Show the date pay stopped or will stop. (<i>mo./day/yr.</i>)		
6. Has employee ever received or made application for compensation from the Department of Veterans' Affairs? <input type="checkbox"/> Yes <input type="checkbox"/> No			6a. Claim number		6b. Period compensation was received. From (<i>mo./yr.</i>) To (<i>mo./yr.</i>)
7. FERS Applicants	7a. Has the employee made application for disability benefits from the Social Security Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No		7b. Is the application receipt or award notice attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Are the following documents attached (<i>Indicate by "X" for each.</i>)				Yes	No
				Not	Applicable
a. SF 2801 or SF 3107, Application for Immediate Retirement					
b. SF 3112A, Applicant's Statement of Disability					
c. SF 3112B, Supervisor's Statement					
- Employee's Performance Standards					
- Employee's Position Description					
- Supporting documentation regarding employee's performance					
- Supporting documentation regarding employee's leave use					
- Supporting documentation regarding employee's conduct					
d. SF 3112C, Physician's Statement (or equivalent)					
e. SF 3112D, Agency Certification of Reassignment and Accommodation Efforts					
- Supporting documentation of Agency's accommodation efforts					
- Supporting documentation of employee's non-reassignment or non-selection					
f. Agency report of Federal medical examination (<i>if one was made</i>)					
g. Other:					
9. Has the supervisor stated the employee's performance is less than fully successful in any critical element of the position in Section B, SF 3112B? <input type="checkbox"/> Yes (1) a copy of the employee's performance appraisal covering the employee's service prior to the date shown in Section B, item 5, of the Supervisor's Statement, and <input type="checkbox"/> No (2) a copy of the performance appraisal covering service after that date, if available.					
10. If the employee is temporarily at an address other than the one given on SF 2801 or SF 3107, Section A (such as hospital, nursing home, or with a relative), enter that address, including ZIP Code.			11. If the employee is unable to act on his or her own behalf, give the name and address of the person acting for him or her.		
Agency Certification					
12. I certify that the information shown above accurately reflects verified information in official records.			13. Full Agency name and address (<i>including ZIP Code</i>)		
12a. Signature of Chief Personnel Officer or Designee			14. List the full name and address of agency office and official to be notified of OPM's determination (<i>including telephone number and area code</i>). <input type="checkbox"/> Check here if this address is the same as the address in item 13.		
12b. Official title					
12c. Telephone number (<i>incl. area code</i>)		12d. Date			