

EMPLOYER INFORMATION FOR DISABILITY APPLICATION



VIRGINIA RETIREMENT SYSTEM
P.O. Box 2500 ♦ Richmond, Virginia 23218-2500
Toll Free 1-888-VARETIR (827-3847)
www.varetire.org

1. Social Security Number
2. Name

A human resources representative completes this form in consultation with the applicant's immediate supervisor. This information must not contain references to any type of medical condition. If the applicant is no longer working please provide information as of the most recent period of work. Please attach the job description in effect as of the applicant's last date of work.

The VRS Medical Board requires specific information about the applicant's job duties to make a determination of eligibility for disability retirement. This information will be considered in determining whether the applicant's disability is likely to be permanent; therefore, it is important that the form is filled out completely, signed and dated.

3. Is the employee performing all of the duties listed on the job description? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. If not, which duties is the employee not performing, and why? (Please be specific)
5. What, if any, changes or modifications have been made to enable the employee to continue working?
6. If changes or modifications were made, were they temporary or permanent?
7. How has the employee's illness affected his or her job performance during the past year (or last year of active employment if no longer working)?
8. Human Resources Authorization
Authorized Signer (Please print) _____ Title _____
Signature _____ Phone Number _____ Date _____
Name of Immediate Supervisor _____

