

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? <div style="display: flex; justify-content: space-around;"> Yes No </div>						
5. Will employee remain in duty status? <div style="display: flex; justify-content: space-around;"> Yes No </div>			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? <div style="display: flex; justify-content: space-around;"> Yes No </div>			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? <div style="display: flex; justify-content: space-around;"> Yes No </div>			7b. Is the application receipt or award notice attached? <div style="display: flex; justify-content: space-around;"> Yes No </div>		
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? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 15%;"> <p>Yes</p> <p>No</p> </div> <div style="width: 85%;"> <p>(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</p> <p>(2) a copy of the performance appraisal covering service after that date, if available.</p> </div> </div>						
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>).			
12b. Official title						
12c. Telephone number (<i>incl. area code</i>)		12d. Date				
Check here if this address is the same as the address in item 13.						