

Supervisor's Statement

In Connection With Disability Retirement Under the Civil Service Retirement System
and the Federal Employees Retirement System

**This form should be completed by the immediate supervisor
or someone who is in a position to observe the applicant on a regular basis.**

Form Approved:
OMB No. 3206-0228

Instructions

All sections of this form must be completed properly. Failure to do so will delay the processing of the disability application at OPM.

The employee identified in Section A has indicated that he or she intends to apply for disability retirement. The applicant's signature on the "Applicant's Statement" authorizes his or her immediate supervisor (or a supervisor who was and is in a position to observe the applicant on a regular basis) to provide the information and documentation requested. The immediate supervisor is asked to provide information about the applicant's job, performance, attendance, and conduct.

If you need more space in any section, attach a separate sheet and indicate that an attachment is provided.

The following definitions apply to the terms used in the Supervisor's Statement.

- "Less than fully successful performance" means performance of an employee which fails to meet established performance standards in one or more critical elements of the employee's position or the equivalent level for a position not under CFR 430.
- "Critical element" means a component of an employee's job that is of sufficient importance that performing below the minimum standard established by management requires remedial action, such as denial of within-grade increase, and may be the basis for reducing the grade level or removing the employee.
- "Unacceptable attendance" means absence from work which is too frequent, unpredictable, or lengthy to allow the job to be done.

- "Unsatisfactory conduct" means conduct for which an employee may be removed or disciplined for cause under adverse action procedures. (For example, discourteous conduct to the public, behavior which poses a threat to the life, health, safety, or well-being of co-workers, subordinates, or the public.)
- "Accommodation" means an adjustment made to a job and/or work environment that enables a qualified handicapped person to perform the duties of that position. Reasonable accommodation may include modifying the worksite, adjusting the work schedule, restructuring the job, acquiring or modifying equipment or devices, providing interpreters, readers or personal assistants, and reassigning or retraining employees.
- "5 CFR 531.409(d)" is the regulation that provides for a waiver of the requirements for determination of an employee's level of competence in certain cases when the employee was in duty status for less than 60 days during the 52 calendar weeks before a within-grade increase would be due.

After completing and certifying this form and attaching the appropriate documentation, you should return the original to the employee or to your personnel office according to instructions and practices in your agency. In either case, **a copy must be given to the employee.** Please **do not** send the form directly to OPM unless OPM specifically requested you to do so.

If necessary, you may be contacted by OPM for additional information or clarification.

Section A - Applicant Identification

- | | | |
|-------------------------------|-------------------------------|---------------------------|
| 1. Name (last, first, middle) | 2. Date of birth (mm/dd/yyyy) | 3. Social security number |
|-------------------------------|-------------------------------|---------------------------|

Section B - Information About Employee's Performance (See instructions above)

- | | |
|---|---|
| 1. Title of position of record. (Attach a copy of position description and current performance standards. If available, attach a copy of the latest performance appraisal.) | 2. Date of entry into position (mm/dd/yyyy) |
|---|---|

3. Is performance less than fully successful in any critical element of position?

- Yes, complete items 4 - 6 of this section. No, go to Section C.

- | | | |
|--|---|---|
| 4. Show the approximate date (mm/yyyy) that unacceptable performance or the inability to do the job began. | 5. After the date in item 4, has the employee received a within-grade step increase or an award based on performance of a critical element?

<div style="border: 1px dashed black; padding: 5px; margin: 5px 0;"> Period the increase or award covered.
 From (mm/yyyy) To (mm/yyyy) </div> <input type="checkbox"/> Yes <input type="checkbox"/> No | 5a. Was within-grade increase granted under 5 CFR 531.409 (d)? (see instructions)

<input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|---|

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6. Identify any critical element(s) of the position which employee does not perform successfully or at all. Explain the deficiencies you observed. Attach supporting documentation such as notice to the employee that performance is less than fully successful or physician's recommendation regarding medical restrictions.

Section C - Information About Employee's Attendance

1. Has employee stopped coming to work?

No Yes, how long is absence expected to continue (if known)?

2. Is employee's attendance unacceptable for continuing in current position?

No Yes, attendance stopped or became unacceptable on (mm/yyyy):

3. Explain the impact of employee's absence on your work operations.

4. How many hours of leave has employee used for apparent medical reasons since date in item C2? (Attach copies of medical information on which you based your decision to approve leave, leave records, records of contact with or notices to employee. Include as much information as possible about specific reasons for leave use.)

	Annual	Sick	LWOP
Enter Leave Hours Used			

Section D - Information About Employee's Conduct

1. Is employee's conduct unsatisfactory?

No, go to Section E. Yes, conduct became unsatisfactory on (mm/yyyy):

2. Describe how conduct is unsatisfactory (attach supporting documentation, such as notice to employee of proposed adverse action).

Section E - Accommodation and Reassignment

(Consult with agency Coordinator for Employment of the Handicapped)

1. What efforts have been made to accommodate the employee in current position?

2. Has employee been reassigned to a new permanent position? (If yes, to what position and when?)

No Yes, to _____ on (mm/yyyy):

3. Has employee been reassigned to "light duty" or a temporary position?

No, go to Section F. Yes

4. Describe the reason for temporary nature of assignment and length of time the employee is expected to occupy the position.

Section F - Supervisor's Certification

1. How long have you supervised the employee?

- 2d. Supervisor's office mailing address

2. I certify that all statements made on this Supervisor's Statement are true to the best of my knowledge and belief.

- 2a. Supervisor's signature

- 2c. Date (mm/dd/yyyy)

- 2e. Supervisor's daytime telephone number (including area code)

- 2b. Supervisor's name (type or print legibly)

- 2f. Email address