KENTUCKY PUBLIC PENSIONS AUTHORITY
1260 Louisville Road • Frankfort, KY 40601
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov

Employer Instructions for Member or Beneficiary Filing for Disability or Survivor Benefits

Revised 06/2023

IMPORTANT: FAILURE TO RETURN THE REQUIRED INFORMATION WITHIN 5 BUSINESS DAYS MAY CAUSE A DELAY IN THE MEMBER'S OR BENEFICIARY'S BENEFITS AND/OR HEALTH INSURANCE.
For members who apply for disability retirement through KPPA, KRS 61.665(2)(a) and 78.545 require a complete job description of the member's job duties and requirements and requires that the member make a request for reasonable accommodations as provided for in 42 U.S.C. Part 1630 of the Americans with Disabilities Act (ADA). For beneficiaries who apply for survivor benefits, 105 KAR 1:457 requires a complete job description of the members job duties and requirements.

A disability retirement application or a survivor benefit application has been initiated through Kentucky Public Pensions Authority.

For members who apply for disability retirement, KRS 61.665(2)(a) and 78.545 require a complete description of the member's job duties and requirements and requires that the member make a request for reasonable accommodations as provided for in 42 U.S.C. sec. 12111(9) and 29 C.F.R. Part 1630 through the American with Disabilities Act (ADA).

Examples of reasonable accommodations may include:

- Making existing facilities accessible to individuals with disabilities
- Job restructuring
- Part-time or modified work schedules
- Reassignment to a vacant position
- Retraining
- Purchase of assistive equipment

If the individual has terminated employment with your agency or did not request accommodations, you should outline what accommodations **were made** or **could have been made** on the enclosed Form 8030.

*For beneficiaries who apply for survivor benefits, 105 KAR 1:457 requires a complete description of the member's job duties and requirements to process the application for benefits.

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Print Form

Form 8030
Revised 06/2023

Employer Job Description

Employee Information

Employee Name:	Member ID:
Job Title:	Agency:

Job Description

Describe the employee's job duties performed as of the last day worked: _____

_____

_____

_____ Total hours in a workday. _____ Sitting hours in a day. _____ Standing/walking hours in a day.

Does the employee have the ability to alternate between sitting and standing/walking? ☐ Yes ☐ No

Physical effort required: (check appropriate boxes)	Never	Seldom/ Rare	Occasional (up to 1/3 of work day)	Frequent (1/3 to 2/3 of work day)	Repetitive (2/3 or more of work day)
Handle/Finger/Feel:	☐	☐	☐	☐	☐
Reach/Push/Pull:	☐	☐	☐	☐	☐
Bend/Stoop/Crouch:	☐	☐	☐	☐	☐
Kneel/Crawl:	☐	☐	☐	☐	☐
Climb/Balance:	☐	☐	☐	☐	☐
Lift/Carry (frequency):	☐	☐	☐	☐	☐
☐ Up to 10 lbs.	☐	☐	☐	☐	☐
☐ Up to 20 lbs.	☐	☐	☐	☐	☐
☐ Up to 50 lbs.	☐	☐	☐	☐	☐
☐ Up to 100 lbs.	☐	☐	☐	☐	☐
☐ Over 100 lbs.	☐	☐	☐	☐	☐

Identify the items or tools the employee was required to lift and/or carry in performing the essential job duties (include the weight, distance, and frequency of the lifting and/or carrying): _____

_____

_____

Identify the heaviest item and weight lifted on a frequent basis (1/3 to 2/3 of workday): _____

Identify the heaviest item and weight lifted without assistance: _____

Please identify any physical effort requirements for the employee to perform his or her job duties as of the last day worked. (Check appropriate boxes)

- ☐ The employee was required to handle, grab, or grasp items or tools. (file, ledger, hammer, wrench, pot/pan, mop/bucket)
- ☐ The employee was required to finger, feel, or sort items or tools. (computer keyboard, typewriter, calculator, pen/pencil)
- ☐ The employee was required to use machinery that used hand and/or foot controls. (backhoe, school bus)
- ☐ The employee was required to use vibratory equipment, machinery, or tools. (jackhammer, floor buffer, lawnmower)
- ☐ The employee was required to reach overhead, and in all other directions.
- ☐ The employee was required to use stairs or ramps.
- ☐ The employee was required to use ladders or scaffolding.
- ☐ The employee was exposed to environmental elements such as extreme heat, extreme cold, or extreme wetness/dampness.
- ☐ The employee was exposed to excessive noise, fumes, odors, gases, or dust.

Please make any remarks concerning the physical effort requirements for the employee to perform his or her job duties as of the last day worked: _____

_____

Accommodations: Examples of reasonable accommodations may include making existing facilities accessible to individuals with disabilities, job restructuring, part-time or modified work schedules, reassignment to a vacant position, retraining, or purchase of assistive equipment. If the individual has terminated employment with your agency or did not request accommodations, you should outline what accommodations were made or could have been made.

Did the employee request accommodations, assistance, or help to perform the essential job duties? ☐ Yes ☐ No

IF YES, please attach a copy of the request. Please attach any written response by the agency to the employee for request for accommodations. Please attach a statement describing the accommodations, assistance, or help that was offered or attempted to allow the employee to perform the essential job duties.

IF NO, please describe the accommodations, assistance, or help that was reasonably available to allow the employee to perform the essential job duties. _____

_____

Did the employee have any machines, tools, or equipment available to assist in performing job duties, such as a handcart, desk mover, special chair, headphones, keyboard, tape recorder, or other? _____

_____

Did the employee have assistance available from co-workers? _____

Where accommodations were made available, requested, or implemented, was the job as accommodated offered to the employee indefinitely?: ☐ Yes ☐ No

Attach additional pages if necessary.

Personnel Issues:

Was the employee injured on the job? ☐ Yes ☐ No If YES, please attach a copy of the incident report.

Is the employee currently receiving Workers' Compensation benefits? ☐ Yes ☐ No

If YES, please provide the Workers' Compensation insurance carrier name and address assisting with this claim.

Insurance Carrier Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Please indicate the employee's current personnel status:

☐ Termination ☐ Sick Leave Without Pay ☐ Still on Payroll ☐ Other _____

If the employee has terminated or is utilizing a leave without pay status, please provide date and attach a copy of the personnel form:

_____

If the employee is not still on the payroll, please verify the last day of paid employment: _____

Supervisor Name: _____ Title: _____

Address/Phone: _____

Certification

I hereby certify that the above information is correct and accurately describes the job duties that the employee had as of the last day worked. I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to the penalty of perjury in accordance with KRS 523.010, et seq. I further acknowledge that if I knowingly submit or cause to be submitted a false or fraudulent claim for the payment or receipt of benefit, the employer I represent, and I (personally) may be liable for restitution of the survivor benefits the spouse, child, dependent, or beneficiary was not eligible to receive, civil payments, legal fees, and costs. I understand that the Kentucky Public Pensions Authority or the employee may request that I testify at an administrative hearing as to the matters described herein.

Agency Representative Printed Name: _____

Agency Representative Title: _____

Agency Representative Signature: _____ Date: _____