

## Georgia Department of Public Safety Policy Manual Exhibit

<b>SUBJECT</b> <b>Disability Notification and Certification Form</b>	<b>EXHIBIT NUMBER</b> <b>5.16-1</b>
<b>REFERENCE</b> <b>5.16 – Disability Retirement/Fitness for Duty</b>	<b>DATE</b> <b>2/24/2004</b>

### GEORGIA DEPARTMENT OF PUBLIC SAFETY Disability Notification and Certification

Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
 Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Duty Assignment (Post or Office): \_\_\_\_\_  
 Essential Job Duties that cannot be performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have filed for Disability Retirement.  Yes,  No.  
 If applicable, the date that my application for disability retirement was submitted to ERS was the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Attached to and incorporated in this notice is a copy of the medical statement or any other documentation that supports my statement that I am unable to perform one or more of the essential functions of my position with DPS. I hereby certify, under oath, that the information contained in or incorporated in this document is true and correct to the best of my knowledge and that, in my opinion, I am no longer able to perform at least one of the essential duties of my position and that my disability is not temporary in nature. Based on the foregoing, I am requesting to be immediately placed on a leave of absence.

\_\_\_\_\_  
Signature

Sworn to and Subscribed before me  
 This \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.  
 \_\_\_\_\_  
 Notary Public

**Note:** This form is to be completed by the Employee at the time that he applies for Disability Retirement or when he receives a doctor's statement or other medical documentation that he is unable to perform an essential duty of his job, and submitted through his chain of command to the Commissioner's Office. The Employee will also either apply for paid leave or be placed on leave without pay until there is a change in his condition such that he is fit for duty, as verified by a bona fide medical statement signed by a Physician licensed to practice medicine by the Georgia Composite State Board of Medical Examiners (or similar licensing authority of another State) or until he is separated from employment through retirement or otherwise.

On the second page of this form, each supervisor in the chain of command shall, based on their observations, provide a signed and dated statement on the employee's condition and ability to perform the duties of the position.

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Comments and Observations:

Lt. Colonel:

Adjutant/Division Director:

Troop Commander/2<sup>nd</sup> level Supervisor:

Post Commander/1<sup>st</sup> level Supervisor:

Other:

Note: Attach additional pages if needed

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