GEORGIA DEPARTMENT OF PUBLIC SAFETY
Disability Notification and Certification Form

Employee: [Blank] Date: [Blank]
Position: [Blank] Supervisor: [Blank]
Duty Assignment (Post or Office): [Blank]

Essential Job Duties that cannot be performed:

[Blank]

I have filed for Disability Retirement. [Yes, No].
If applicable, the date that my application for disability retirement was submitted to DSS 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 DSS. 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. To be submitted through his chain of command to the Commissioner’s Office. The Employer will also notify the employee in writing of this decision to the Employee within 30 calendar days of receiving this form. Thereafter, the Employer must maintain a record of the medical and administrative activities in connection with the employee’s claim for Disability Retirement. This includes, but is not limited to, the Employee’s medical records and any other information related to the Employee’s condition that the Employer has reason to believe may affect the Employee’s ability to perform the duties of the position.

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