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| **54398-****{stdMbrPERSLinkID}**   |  |  | | --- | --- | | {SFNLogo} | **DISABILITY RETIREMENT OCCUPATIONAL DEMANDS**  NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  SFN 54398 (Rev. 02-2014)  {SFNAddress} |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | This form should be completed in an objective manner by the employee’s immediate supervisor or by another individual possessing comprehensive knowledge regarding the occupational demands of the employee’s job. This form is then submitted to the treating physician for review in completing the Attending Physician’s Statement. Both forms must be returned to NDPERS. | | | | | | | | | **PART A PARTICIPANT IDENTIFICATION** | | | | | | | | | Name (Last, First, Middle) **{stdMbrFullNameLFM}** | | | | | NDPERS Member ID **{stdMbrPERSLinkID}** | | | | Last Four Digits of Social Security Number **{stdMbrLastFourDigitsOfSSN}** | | | | | Date of Birth **{stdMbrDateOfBirth}** | | | | Organization Name **{stdCurrentEmployerOrgName}** | | | | | NDPERS Organization ID **{stdCurrentEmployerOrgCodeID}** | | | | Job Description (Please attach a copy of the employee’s job description) | | | | | | | | | **PART B PHYSICAL DEMANDS** | | | | | | | | | Indicate the number of times per day for:Lifting\* Carrying\*\* | | | Indicate the percent of day each activity is performed: | | | | | | 1-5 pounds |  |  | Sitting | % | | Outside work | % | | 6-10 pounds |  |  | Standing | % | | Working with others | % | | 11-25 pounds |  |  | Walking | % | | Working around others | % | | 26-50 pounds |  |  | Inside work | % | | Working alone | % | | 51-100 pounds |  |  | Additional Comments: | | | | | | 100 pounds or more |  |  | | \*Includes pushing and pulling effort while stationary \*\*Includes pushing and pulling effort while walking | | | | | | | | | What are the average hours per day worked on this job? | | | | | | | | | What are the average days per week worked on this job? | | | | | | | | | Is overtime required? No Yes-How many hours/day: How many days/week: | | | | | | | | | Indicate extent of performance of each of the following:Often Significant Seldom NeverAscending and descending stairs    Ascending and descending ladders    Stooping    Kneeling    Reaching above shoulders    Reaching below shoulders | | | | | | | |   Continued |

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| DISABILITY RETIREMENT OCCUPATIONAL DEMANDS  SFN 54398 (Rev. 02-2014) Page 2   |  |  | | --- | --- | | Name (Last, First, Middle) **{stdMbrFullNameLFM}** | NDPERS Member ID **{stdMbrPERSLinkID}** |  |  | | --- | | Occupational Requirements: Far Vision  Talking  Near Vision  Depth Perception  Hearing  Other (Explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Did the employer request that the agency provide accommodations to assist employee in meeting the physical demands of the employee’s job? No Yes, Please explain the type of accommodations provided: | |  | | PART C EMOTIONAL STRESS | | Does the employee have to answer to customer complaints?  Often  Sometimes  Not at all | | The employee is expected to perform the job at a normal, average pace…..  Most of the time  Some of the time  Occasionally:\_\_\_\_\_\_\_\_\_\_% of the time | | The employee is expected to perform the job at a rapid pace….  Most of the time  Some of the time  Occasionally:\_\_\_\_\_\_\_\_\_\_% of the time | | Must the employee depend upon the assistance of others in order to accomplish daily tasks? No Yes, how often? Most of the time  Occasionally:\_\_\_\_\_\_\_\_\_\_% of the time | | How close must the employee work with fellow workers?  Very closely  Significant contact  Minor contact | | How many employees does this employee supervise? \_\_\_\_\_\_\_\_\_\_ | | Is employee routinely subject to close supervision? No Yes | | Does the employee’s job consist primarily of prescheduled activities, or of tasks that arise randomly during the day?  Primarily prescheduled  Primarily random | | What percentage of the employee’s time is spent meeting deadlines set by other? \_\_\_\_\_\_\_\_\_\_% | | How much responsibility does the employee have for the overall performance of his/her particular department:  100 percent  Great deal  Significant  Minor |   Continued |

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| DISABILITY RETIREMENT OCCUPATIONAL DEMANDS  SFN 54398 (Rev. 02-2014) Page 3   |  |  | | --- | --- | | Name (Last, First, Middle) **{stdMbrFullNameLFM}** | NDPERS Member ID **{stdMbrPERSLinkID}** |  |  |  | | --- | --- | | In your opinion, what degree of emotional stress is this employee subject to during the performance of his/her job?  Great  Significant  Some  Very Little | | | The above questions, both involving physical demands and emotional stress, require primarily objective answers. Your subjective and/or supplementary comments would also be appreciated. | | | **PART D CERTIFICATION** | | | Completed by (Please Print): | | | Title: | | | Daytime Telephone Number: | | | Address: | | | Signature: | Date: | |