

DISABILITY RETIREMENT - ALTERNATIVE POSITION FORM

**THIS FORM MUST BE COMPLETED BY THE AGENCY AND SUBMITTED TO ERS
FOR ALL DISABILITY APPLICANTS**

IT IS TO BE SUBMITTED WHEN:

1. The applicant has been offered an alternative position **and**:
 - A. Accepted the position, **or**
 - B. Disputes his/her ability to perform the tasks required of the position, **or**
 - C. Has refused the offered position.

OR

2. The agency has determined it has no position available to offer the employee.

ALTERNATIVE POSITION CRITERIA

- (A) The physical requirements for such position are compatible with the employee's physical limitations;
- (B) The annual compensation and possibility for future advancement for such position shall be the same as or greater than that of the current position of the employee;
- (C) The duties for such position shall be reasonably compatible with the experience and educational qualifications of the employee;
- (D) The position shall be one which includes the holder thereof as a member of the Employees' Retirement System;
- (E) The position must be available for acceptance by the employee and an offer of the position to the employee must be made, in writing, by not later than 45 days after the employee submitted his or her application for a disability retirement.

Send all completed forms to ERS at the following address:

**Employees' Retirement System of Georgia
Two Northside 75 Suite 300
Atlanta, GA 30318-7778**

DISABILITY RETIREMENT - ALTERNATIVE POSITION - ERS

EMPLOYEE NAME _____

EMPLOYEE ID NUMBER _____

The above employee notified this agency on (MMDDYYYY) _____ that he or she was applying for disability retirement.

As required, this employee was interviewed by me on (MMDDYYYY) _____ to determine what alternative position meeting the criteria listed on page 1 was available for this employee. (Interview must be within 10 business days of notification date.)

- It was determined that no position meeting the criteria listed on page 1 is available to offer this employee.
- It was determined that an Alternative Position (Position title) _____ was available and was offered to the employee on (MMDDYYYY) _____. (Must be within 45 calendar days of notification date.)

This employee:

- Accepted the position on (MMDDYYYY) _____. His or her application for disability retirement is hereby rendered void.
- Disputed his or her ability to perform the tasks required by the offered position. A detailed job description and its required tasks must accompany this form.
- Refused the offered position. His or her disability retirement application will be void if he or she does not submit a written appeal disputing his or her ability to perform the tasks required by the offered position to this agency and the ERS board of trustees within 30 days of the offer date.

Print Name & Title (Agency head or designee) _____

Signature _____ Date _____

Agency _____

I concur with the information above.

Employee Signature _____ Date _____