



## DISABILITY RETIREMENT APPLICATION CHECKLIST

In Connection With Disability Retirement Under the Civil Service Retirement System

(to be completed by employing agency)

1. Applicant's name ( <i>last, first, middle</i> )	2. Date of birth ( <i>mo., day, yr.</i> )	3. Social security number	
4. Do available records show that the employee, a member fo the Civil Service Retirement System, has at least 5 years of civilian service?		<input type="checkbox"/>	Yes
5. Will employee remain in duty status?		<input type="checkbox"/>	No
5. Will employee remain in duty status?		<input type="checkbox"/>	Yes
6. Has employee ever received or made application for compensation from the Department of Veterans' Affairs? <input type="checkbox"/> Yes: Give → <input type="checkbox"/> No		6a. Claim number	
6. Has employee ever received or made application for compensation from the Department of Veterans' Affairs? <input type="checkbox"/> Yes: Give → <input type="checkbox"/> No		6b. Period compensation was received	
7. Are the following documents attached? ( <i>Indicate by "X" for each</i> )		<b>Yes</b>	<b>Not Applicable</b>
a. SF 2801, Application for Immediate Retirement .....			
b. SF 2824A, Applicant's Statement of Disability .....			
c. SF 2824B, Supervisor's Statement .....			
▪ Employee's Performance Standards .....			
▪ Employee's Position Description .....			
▪ Supporting Documentation Regarding Employee's Performance .....			
▪ Supporting Documentation Regarding Employee's Leave Use .....			
▪ Supporting Documentation Regarding Employee's Conduct .....			
d. SF 2824C, Physician's Statement (or equivalent) .....			
e. SF 2824D, Agency Certification of Reassignment and Accommodation Efforts.....			
▪ Supporting Documentation of Agency's Accommodation Efforts.....			
▪ Supporting Documentation of Employee's Non-Reassignment or Non-Selection.....			
f. Agency report of Federal Medical Examination (if one was made) .....			
8. On Supervisor's Statement (SF 2824B) is Section B, item 4, answered "Yes"? <input type="checkbox"/> No <input type="checkbox"/> Yes → Attach: (1) A copy of the employee's performance appraisal covering the employee's service prior to the date shown in Section B, item 5, of the Supevisor's Statement, <b>AND</b> (2) A copy of the performance appraisal covering service after that date, if available.			
9. If employee is temporarily at an address other than the one given on SF 2801, Section A (such as hospital, nursing home, or with a relative), enter that address, including ZIP Code.		10. If employee is unable to act on his or her own behalf, give the name and address of the person acting for him or her.	
11. List any documents attached which are not listed in item 7 above, or other information regarding the applicant.			

### Agency Certification

<b>I CERTIFY that the information shown above accurately reflects verified information in official records.</b>		12e. Full agency name and address ( <i>including ZIP Code</i> )	
12a. Signature of Chief Personnel Officer or Designee		13. Full name and address of agency office and official to be notified of OPM's determination ( <i>including telephone number and area code</i> )	
12b. Official title			
12c. Telephone number ( <i>incl. area code</i> )	12d. Date		
		<input type="checkbox"/> Check here if address is same as 12e.	