San Bernardino County Employees' Retirement Association

Department Statement of Facts and Circumstances

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Submit this Form:
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Online | SBCERA.org/mySBCERA

Section 1 Demographics

SBCERA ID or Last Four Digits of SSN	**Employee ID**	
Last Name	**First Name**	**Middle Initial**
Mailing Address		
Requested Benefit:		
Job Title	**Employer and Department**	

Section 2 Facts Regarding Alleged Injury or Disease

Date Last Worked

2.1 Please provide any information or documentation the Department has about an injury or illness reported by the employee.

2.2 Please provide any non-work-related information or facts that may be connected to the employee's injury or illness for disability retirement purposes.

Section 3 Facts Regarding the Employee's Usual Duties and Work Environment

3.1 Usual Duties

What are the employee's usual duties for the job listed?

Usual duties should include, but are not limited to, the tasks the employee performed on a regular basis. Please provide a detailed description of the specific duties the employee was responsible for, rather than a broad summary of the general job classification. **Pasting the job description does not assist in determining whether the employee is permanently incapacitated.**

3.2 Work Environment

Please provide comments concerning the job such as mental stress factors, degree of physical effort required, unusual or difficult working conditions, etc.

Section 4 Facts Regarding the Employee's Last Day Worked

4.1 Is the employee currently working?

☐ **Yes** ☐ **No**

If yes, please describe the duties the employee is currently performing.

4.2 If applicable, please provide a detailed explanation of your understanding of the reason the employee is no longer working.

4.3 Based on the date last worked provided in **Section 2**, please provide a description of the duties the employee performed on the date last worked.

Section 5 Facts Regarding Duties the Employee is Unable to Perform

5.1 Based on the employer's documentation, is the employee capable of performing their usual job duties? If the employee is able to perform all duties, then state this fact.

☐ **Yes** ☐ **No**

If no, what usual duties is the employee unable to perform?

5.2 Based on the duties listed in **Section 3.1**, please state the frequency the employee is required to perform the duties, and whether such duties are essential functions of the position.

5.3 Does the employee have any work restrictions regarding the duties they are unable to perform?

☐ **Yes** ☐ **No**

If yes, please provide a copy of the work restrictions.

5.4 Please detail the work restrictions, if any.

Section 6 Facts Regarding Accommodations, if any

6.1 Please explain whether the employee is able to perform the usual job duties with or without accommodations.

6.2 Has an Interactive Accommodation Process (IAP) occurred?

☐ **Yes** ☐ **No**

If yes, please include a copy of the IAP signed by both the employer and employee.

6.3 Please specify the date of the IAP _____

6.4 Please explain whether the employer through the IAP is able to accommodate the employee. Provide the duties the employer is accommodating or will accommodate.

6.5 Are the accommodations permanent or temporary?

☐ **Permanent** ☐ **Temporary**

6.6 If the employer has accommodated the employee, please specify how long the employee has been accommodated.

6.7. If no IAP has occurred, please provide the reason—if known—why the employer and/or employee did not want to participate in or hold an IAP.

6.8 Please indicate whether consideration has been given to transferring the employee to another position within their current classification or to a different classification.

Section 7 Facts Regarding Work Performance

7.1 Please provide the date and overall evaluation of the five (if available) most recent Work Performance Evaluations. Comment on any deterioration or improvement in work performance since last evaluation was prepared.

7.2. Has the employee been the subject of any complaints, disciplinary actions, investigations, or termination proceedings? Has the employee resigned—whether with or without a formal agreement—before, during, or after an investigation, in lieu of termination, or been terminated with or without cause?

☐ **Yes** ☐ **No**

If yes, please explain:

Section 8 Facts Regarding Alcohol/Drugs/Misconduct/Violation of Law

Does there appear to be any connection between the employee's alleged inability to perform the usual duties of the employee's position and the intemperate use of alcohol or drugs, willful misconduct, or violation of law on employee's part?

☐ **Yes** ☐ **No**

If yes, please explain:

Section 9 Facts Re Sick Leave

9.1 Approximate number of sick leave hours presently available to employee and sick leave hours used during 12-month period immediately prior to the last day employee physically worked.

9.2 Number of hours of Labor Code 4850 leave used for any claimed injuries from the date of injury to the date last physically worked (if applicable).

9.3 If known, please provide the reason(s) and dates for sick leave. Attach any supporting documentation.

9.4 Please provide details about any other time off due to illness or injury within the 12 months prior to the employee's last day physically at work.

Section 10 Facts Regarding Workers' Compensation

10.1 Indicate whether the employee filed any Workers' Compensation claims and identify the claimed injury for each claim filed.

10.2 What is the current status of each of the employee's Workers' Compensation claim(s)?

10.3 Provide all documentation from Risk Management pertaining to any Workers' Compensation cases filed by the applicant for each claim including, but not limited to, settlement agreements, WCAB decisions, and court judgments.

Section 11 Facts Regarding Employer Paid Benefits to the Employee (Safety and Probation Officer Employees

11.1 Is the employee receiving Labor Code 4850 leave pay? If yes, please indicate the start date and expiration of the leave pay, as well as the injury upon which the 4850 leave is based.

11.2 Is the employee receiving Labor Code 4850.4 advance disability payments? If yes, what date did the employee enter into an agreement with the employer to receive such benefits?

11.3 If the employee is currently on leave, please list any other employer-paid benefits they are receiving.

Section 12 Other Comments

Please include any other information that may be of value to the Board of Retirement in making a determination regarding the employee's application for disability retirement.

ENCLOSURES

Enclose copies of accident/injury reports, current medical off-work orders and any other document that you believe will be helpful in this case. Please list any enclosures included.

Please provide the name and contact information of the person who completed the information for the Department Statement of Facts.

Name: _____, Title: _____

Phone Number: _____

Email Address: _____

Signature (Adobe, DocuSign) _____