

**Kentucky Retirement Systems**  
**1260 Louisville Road**  
**Frankfort, KY 40601-6124**  
**Phone: (502) 696-8800**  
**Fax: (502) 696-8822**  
[www.kyret.com](http://www.kyret.com)

## Employer Job Description

Form 8030  
July 2004

**Member's**    **—**   **—**      
**Soc. Sec.**  
**No.:**

**Employee's Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**JOB DESCRIPTION:**

**DESCRIBE the employee's job duties performed as of the last day worked:** \_\_\_\_\_

\_\_\_\_\_ Total hours in a workday.  
 \_\_\_\_\_ Sitting hours in a day.  
 \_\_\_\_\_ Standing/walking hours in a day.

Does the employee have the ability to alternate between sitting and standing/walking? Yes \_\_\_\_\_ No \_\_\_\_\_

**PHYSICAL effort required:**

(Check appropriate boxes)

	<u>Never</u>	<u>Seldom/ Rare</u>	<u>Occasional</u> (up to 1/3 of work day)	<u>Frequent</u> (1/3 to 2/3 of work day)	<u>Repetitive</u> (2/3 or more of work day)
Handle/Finger/Feel:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach/Push/Pull:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend/Stoop/Crouch:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel/Crawl:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb/Balance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift/Carry (frequency):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Up to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Up to 20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Up to 50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Up to 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Over 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identify the items or tools the employee was required to lift and/or carry in performing the essential job duties (include the weight, distance, and frequency of the lifting and/or carrying): \_\_\_\_\_

Identify the heaviest item and weight lifted on a frequent basis (1/3 to 2/3 of workday): \_\_\_\_\_

Identify the heaviest item and weight lifted without assistance: \_\_\_\_\_

Please identify any physical effort requirements for the employee to perform his or her job duties as of the last day worked.

(Checked appropriate boxes)

- The employee was required to handle, grab, or grasp items or tools. (file, ledger, hammer, wrench, pot/pan, mop/bucket)
- The employee was required to finger, feel, or sort items or tools. (computer keyboard, typewriter, calculator, pen/pencil)
- The employee was required to use machinery that used hand and/or foot controls. (backhoe, school bus)
- The employee was required to use vibratory equipment, machinery, or tools. (jackhammer, floor buffer, lawnmower)
- The employee was required to reach overhead, and in all other directions.
- The employee was required to use stairs or ramps.
- The employee was required to use ladders or scaffolding.
- The employee was exposed to environmental elements such as extreme heat, extreme cold, or extreme wetness/dampness.
- The employee was exposed to excessive noise, fumes, odors, gases, or dust.

Please make any remarks concerning the physical effort requirements for the employee to perform his or her job duties as of the last day worked: \_\_\_\_\_

**ACCOMMODATIONS:**

Did the employee request accommodations, assistance, or help to perform the essential job duties? Yes \_\_\_\_\_ No \_\_\_\_\_

**IF YES**, please attach a copy of the request. Please attach any written response by the agency to the employee for request for accommodations. Please attach a statement describing the accommodations, assistance, or help that was offered or attempted to allow the employee to perform the essential job duties.

**IF NO**, please attach a statement describing the accommodations, assistance, or help that was reasonably available to allow the employee to perform the essential job duties.

Did the employee have any machines, tools, or equipment available to assist in performing job duties, such as a handcart, desk mover, special chair, headphones, keyboard, tape recorder, or other? \_\_\_\_\_

Did the employee have assistance available from co-workers? \_\_\_\_\_

**ADDITIONAL remarks:** \_\_\_\_\_

Attach additional pages if necessary.

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**PERSONNEL ISSUES:**

Was the employee injured on the job? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, please attach a copy of the incident report.

Is the employee currently receiving Workers' Compensation benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please provide the Workers' Compensation insurance carrier name and address assisting with this claim.

INSURANCE CARRIER NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

Please circle the employee's current personnel status:

TERMINATION      SICK LEAVE WITHOUT PAY      STILL ON PAYROLL      OTHER \_\_\_\_\_

If employee has terminated or utilizing a leave without pay status, please provide date or attach a copy of the personnel form: \_\_\_\_\_

If employee is not still on payroll, please verify last day of paid employment: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS/TELEPHONE #: \_\_\_\_\_

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I hereby certify that the above information is correct and accurately describes the job duties that the employee had as of the last day worked. I understand that the Kentucky Retirement Systems or the employee may request that I testify at an administrative hearing as to the matters described herein.

**Agency Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return to: Kentucky Retirement Systems, 1260 Louisville Road, Frankfort, Kentucky, 40601**

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Rev. 5/07

## EMPLOYER INSTRUCTIONS FOR MEMBER FILING FOR DISABILITY

IMPORTANT: FAILURE TO RETURN THE REQUIRED INFORMATION WITHIN 5 BUSINESS DAYS MAY CAUSE A DELAY IN THE MEMBER'S MONTHLY BENEFIT AND HEALTH INSURANCE.

The member listed on the enclosed Form 8030, Employer Job Description, has applied for disability retirement through Kentucky Retirement Systems. KRS 61.665(2)(a) requires a complete job description of the member's job duties and requirements and any request made by the employee for reasonable accommodation as provided for in 42 U.S.C. sec. 12111(9) and 29 C.F.R. Part 1630 through the American with Disabilities Act (ADA).

Examples of reasonable accommodations may include making existing facilities accessible to individuals with disabilities, job restructuring, part-time or modified work schedules, reassignment to a vacant position, retraining, or purchase of assistive equipment.

If the individual has terminated employment with your agency or did not request accommodations, you should outline what accommodations **were made** or **could have been made**.

Additionally, you should provide a complete copy of any and all documents in the member's personnel file, including but not limited to, employee evaluations, report of injuries or accidents and all other employment records.