



LOUISIANA SCHOOL EMPLOYEES'
RETIREMENT SYSTEM

Supervisor Statement of Disability

This form must be completed by the employee's immediate supervisor. A copy of the employee's official job description must accompany this report when submitted to LSERS. If additional space is required, you may use the reverse side or attach additional sheets.

Section 1 - Member Information

Member's Last Name	First Name	MI	Suffix	Member's Social Security Number
Job Title				

Section 2 - Supervisor Statement

1. List specific information you have as to the date and cause of the disability.

2. Specifically list the duties stated in the attached official job description that the applicant can no longer perform because of the disability.

3. Did this applicant have any disability upon employment? Yes No If yes, briefly describe each.

4. When and how did the disability begin to affect the performance of the applicant's duties?

5. Describe efforts made by your agency to place this applicant in another position.

I certify the information provided was completed with truth and accuracy to the best of my knowledge.

Signature of Supervisor (Do not print or type)	Date Signed (MM/DD/YYYY)
--	--------------------------