



693 W. Nye Lane
Carson City, NV 89703
(775) 687-4200
Fax (775) 687-5131

5820 S. Eastern Ave., Suite 220
Las Vegas, NV 89119
(702) 486-3900
Fax (702) 678-6934

DISABILITY REEMPLOYMENT QUESTIONNAIRE

When you received approval for disability retirement benefits from PERS, you were found to be disabled from performing your job or a comparable job for which you were qualified based on your training and experience because of an injury or mental or physical illness of a permanent nature. A disabled retired employee who seeks reemployment must apply for and receive Board approval prior to returning to any type of employment, either public or private, or the disability benefit will be suspended. In order to receive approval from the Board, the reemployment must not be found to be comparable to the position in which you were found to be disabled. To apply for Board approval of your potential reemployment, please complete and return this questionnaire to the PERS office for processing.

Your Name: _____

Your Address: _____

Your Social Security Number _____ Day Time Phone _____

Name of the Potential Employer: _____

Name of Position: _____

How many hours per week will you be working in this position? _____

Will your employer provide flexible work hours to accommodate your disability? _____

Describe in detail the job duties required of the position. _____

Has your treating physician given you written permission to work in this position? Yes or No. If yes, please attach a photocopy to your questionnaire. _____

Give reasons why this position is not comparable with the position you held at the time you were found to be disabled.

Retiree Signature

Date