Employee Change Request – Certification for Disability

This document provides an overview of the different statuses and action statuses of an Employee Change Request. Also, this document explains the step-by-step process employers take to certify an Employee Change Request for Certification for Disability.

Revised: 04/02/2021

Statuses and Action Statuses

Statuses

The Status of an Employee Change Request indicates the current state of the request.

Term	Definition
Valid	The Employee Change Request meets the criteria, errors are resolved, and the warnings are suppressed.
Review	The Employee Change Request either has incomplete fields or errors or warnings that must be addressed in order to submit the information to CaISTRS.

Action Statuses

The Action Status of an Employee Change Request applies to the different stages of the request being moved through the process.

Term	Definition
Approved	Criteria has been met, no errors exist, and warnings are suppressed.
Denied	Criteria has not been met.
Returned to Employer	CalSTRS review has determined a possible data entry error exists. CalSTRS has returned the request to the employer organization for correction.

Employer Certification for Disability

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Step 1:

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EMPLOYER TRAINING SERVICES

On the Dashboard in the **Pending Work Items** panel, a number displays as a link in the **New Request** column for **Employer Certification for Disability**. Click the **New Request** link.

Dashboard 🗙 🔶 🔿				
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New Announcements				
System Outage The Secure Employer Website will be down for syste New Publications New Employer Newsletter available to you. Select th New Training Information			this outage, please contact us at (800) 228-5453	or through CaISTRS.com.
There is a new File Reporting Training Video and ma	aterials available for you to view on th	he latest file reporting changes.		
There is a new File Reporting Training Video and ma ew More	sterials available for you to view on th	he latest file reporting changes.		
There is a new File Reporting Training Video and ma ew More	tterials available for you to view on th	he latest file reporting changes.		
There is a new File Reporting Training Video and ma ew More Pending Work Items	iterials available for you to view on th			
There is a new File Reporting Training Video and ma ew More Pending Work Items				
There is a new File Reporting Training Video and ma excMore Pending Work Items				
There is a new File Reporting Training Video and ma excMore Pending Work Items Request Your Employer Certification for Disability				
There is a new File Reporting Training Video and ma ex More Pending Work Items Request Tom Here Employer Certification for Disability Employer Certification for Disability				

Step 2:

The **Employee Change Request Search** screen displays. The Employee Change Requests for the **Employer Certification for Disability** automatically display in the **Search Results** panel. Click the **Change Request Type** link for **Employer Certification**.

arch Criteria															~
Client ID :	Q	101 D	equest Type :	Employer Ce	ertification		Change Request Subtype :	Dischille	V						
	4			Employer Ca	ennication			Disability	×	_					
Last Name :			First Name :				Organization Code :			•					
Effective Date From :			tive Date To :				Status :	All	~						
Created Date From :	••	Crea	ated Date To :												
Search Reset Stor	e Search									Acti	on Status :	Pend	ing Approval	*	
Search Reset Stor	e Search									Acti	on Status :	Pend	ing Approval	×	
	e Search									Acti	on Status :	Pend	ing Approval	Y	^
Search Reset Stor	re Search									Acti	on Status :	Pend	ing Approval	×	
arch Results	e Search To Excel Vo	əid								Acti	ion Status :	Pend	ing Approval	Y	
arch Results New Open Export		_	Last Name	First Name	Organization Na	ame		Status	Action Status	Acti		Pend	ing Approval	Y	
arch Results New Open Export	To Excel Vo Request Subtype C	_			-		MUNITY COLLEGE DISTRICT		Action Status Pending Approval	Created Date		Pend	ing Approval	Y	



Step 3:

The **Employer Certification Maintenance** screen displays. Enter the applicable details in the **Employment Information** panel. Enter the employment information.

Employment Information					
Employment Start Date :	09/12/1988	Employment End Date :	12/14/2020	Current Employment Status : Paid Sick Leave	V
Last Day of Work :	12/15/2020	Last Compensation Date :	12/14/2020		
Days of Absence in Current School Year :	30	Days of Absence in Prior School Year :	45		
re dismissal proceedings conten	nplated or pending? No	V			
Employment Remarks :		^			

Step 4:

Enter the applicable details in the Income Protection Plan Information panel.

Income Protection Plan Informati	on					
Is a monthly benefit payable from any income protection plan such as indemnity or annuity? :	Yes No			Premiums paid by school district? :	V	
Company Name :		Address :		City :		
State :		Zip Code :		Phone Number :		
Income Protection Plan Remarks :			¢			J

Step 5:

Enter the applicable details in the Worker's Compensation Information panel.

Worker's Compensation Informat	ion				
Has the member applied for benefit Weekly Rates of Benefits :		Yes No Benefits :	Date of Injury : Benefits are paid directly to :		
Were benefits awarded as lump sum? :	V				
Company Name :		Address :	City:		
State :		Zip Code :	Phone Number :		
Worker's Compensation Remarks :		$\hat{\cdot}$			



Step 6:

Review the statements regarding one-year final compensation and reduction in school funds. If a statement applies to the member, select the applicable checkbox. In this example, neither statement is selected.

an our commentative contactor	ts through Worker's Compensation? :	¥		Date of Injury :	
Weekly Rates of Benefits :	0	Effective Date of Benefits :		Benefits are paid directly to :	V
Were benefits awarded as lump sum? :	V				
Company Name :		Address :		City:	
State :		Zip Code :		Phone Number :	
Worker's Compensation Remarks :		0			
made to CaISTRS within 30 days	of receiving billing for the member w	ho has fewer than 25 years of service cre	edit		resent-value payment for one-year final compensation w e provided through the Reduction in School Funds
ovision transaction in order to					

Step 7:

Scroll down to the **Employer Authorization** panel. Certify the information provided is true and accurate by selecting the checkbox next to the statement.

ve Reset		
No records to display.		
Employer Authorization		
in the to fail to disclose a		s punishable by imprisonment for up to four years (Penal Code section 126). I understand it stered by CalSTRS and it may result in penalties, including restitution, up to one year in jail
Authorized D	÷1	

Step 8:

In the Authorized Employee fields, enter your name, title and telephone number.

□ I certify under penalty of perjury under the laws	of the State of California that the foregoing is true and correct. I understand that perjury is pur	nishable by imprisonment for up to four years (Penal Code section 126).I understand it
s a crime to fail to disclose a material fact or to m	hake any knowingly false material statements for the purpose of altering a benefit administere	d by CaISTRS and it may result in penalties, including restitution, up to one year in jail
Authorized Date :		
Authorized Employee Name :	Authorized Employee Title :	Authorized Employee Telephone Number :

Step 9:

Scroll to the top of the screen and click the **Save** button. The system validates the information entered and any applicable errors and warnings display. Hard errors, which prevent you from submitting the Employee Change Request, will display at the top of the screen in red text. These errors normally occur when a field is missed or completed incorrectly. Soft errors display in the Validation Information panel. Hard and soft errors must be resolved before you can submit the request.

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Ć	Save Reset	equest ESSEmployer Certific	ati 🗙 🔶 Displaying page 1 of 1. 🛶						^
	Employment Information								
	Employment Start Date	: 09/12/1988	Employment End Date :		Current Employment Status :			V	
	Last Day of Work	:	Last Compensation Date :						
	Days of Absence in Current School Year		Days of Absence in Prior School Year :						
	Are dismissal proceedings conter	mplated or pending? :							
	Employment Remarks	:	Ŷ						
	Income Protection Plan Informa	ation							

Step 10:

Click the Submit button. A message displays stating: "All changes successfully saved."

SECURE EMPLOYER WEESTE Maintenance 1723	TRN1 - 2	.0.550.1 - Green Region	
Dashbor the byee Change Request ESSEmployer Cert Save Submit Reset	tificati X 🔶 Displaying page 1 of 1. 🔿		^
[All changes successfully saved.]			
Person Details			^
Client ID : <u>1542749958</u>	Member Name : CDXNEXJ T AAOGE	Active Alert Exists : Yes	
Employee Change Request Details			^