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.

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New Announcements		
The Secure Employer Website will be down for syste New Publications New Training Information	m maintenance from 12/31/2020 through 1/2/202 e View More link to access the newsletter.	11. If any questions regarding this outage, please contact us at (800) 228-5453 or through CalSTRS.com.
There is a new File Reporting Training Video and ma	terials available for you to view on the latest file rep	porting changes.
There is a new File Reporting Training Video and ma ew More	terials available for you to view on the latest file rep	porting changes.
There is a new File Reporting Training Video and ma ew More Pending Work Items	terials available for you to view on the latest file rep	porting changes.
There is a new File Reporting Training Video and ma excMore Pending Work Items	terials available for you to view on the latest file rep Request Progress Request Total Outstanding Requ	sorting changes.
There is a new File Reporting Training Video and ma ex.More Pending Work Items Request To- Employer Certification for Disability	terials available for you to view on the latest file rep Request Progress Request Total Outstanding Req	sering changes.
There is a new File Reporting Training Video and ma ew.More Pending Work Items Beguest Temes Un- Employer Certification for Disability Employer Certification for Disability	terials available for you to view on the latest file rep Request Progress Request Total Outstanding Request	orring changes.
There is a new File Reporting Training Video and ma excMore Pending Work Items Request Type U Employer Certification for Disability Employer Certification for Disability Employer Certification for Drawn service Netrement Service Purchase Requests	terials available for you to view on the latest file rep Request Progress Request Total Outstanding Requ 1	borting changes.
There is a new File Reporting Training Video and ma excMore Pending Work Items Request Too to the second se	terials available for you to view on the latest file rep Request Progress Request Total Outstanding Req 2 1 1	sering changes.

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**.

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	0	101 D				01 D D1	Dischille							
Client ID :	4	-Change Kequ	uest Type :	Employer Centricatio	<u>x</u>	Change Request Subtype :	Disability	×	_					
Last Name :	_	Fi	rst Name :		_	Organization Code :			•					
Effective Date From :		Effective	e Date To :			Status :	All	~						
Created Date From :	····	Created	d Date To :		•									
Search Reset Stor	e Search								Actio	n Status :	Pending A	pproval	~	
Search Reset Stor	e Search								Actio	n Status :	Pending A	pproval	¥	
Search Reset Stor	e Search								Actio	n Status :	Pending A	pproval	Y	^
Search Reset Stor	e Search								Actio	n Status :	Pending A	pproval	Y	^
Search Reset Stor arch Results New Open Export	e Search To Excel Vo	id							Actio	n Status :	Pending A	pproval	V	^
Search Reset Stor	e Search To Excel Vo Request Subtype C	id Client ID Las	st Name Fi	irst Name Organi	zation Name		Status	Action Status	Actio	n Status :	Pending A	pproval	×	^
Search Reset Stor	e Search To Excel Vo Request Subtype C	id Ziient ID Lass 542749958 AA(st Name Fi	irst Name Organi DXNEXJ MT. SA	zation Name	2	Status Void	Action Status Pending Approval	Action	n Status :	Pending A	pproval	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
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			
F		^			

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			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 :	s through Worker's Compensation?	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	is through Worker's Compensation? :	×		Date of Injury :	
Weekly Rates of Benefits :	0	Effective Date of Benefits :		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 :		0			
This member is under agreemen made to CaISTRS within 30 days I acknowledge the following year	t to receive one-year final compensat of receiving billing for the member w rs were provided as years of salary re	ion with less than 25 years of service. I c ho has fewer than 25 years of service cre duction. If there are additional years to c	ertify pursuant to the d dit onsider for this membe	istrict bargaining agreement, that the pr	esent-value payment for one-year final compensation w 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			
 I could fy under penalty is could be to fail to disclo and/or a fine of up to \$5, 	f perjury under the laws of the Sta e a material fact or to make any k 00 (Education Code section 2201	tate of California that the foregoing is true and correct. I understand that perjury is pur knowingly false material statements for the purpose of altering a benefit administere (0).	nishable by imprisonment for up to four years (Penal Code section 126).I understand it d by CalSTRS and it may result in penalties, including restitution, up to one year in jail
Authorize	Date :		

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	ake 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	quest ESSEmployer Certi	ficati 🗙 🔶 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 contem	nplated or pending? :							
	Employment Remarks :		\$						
	Income Protection Plan Informat	tion							

Step 10:

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

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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 : 1542749958	Member Name : CDXNEXJ T AAOGE	Active Alert Exists : Yes	
Employee Change Request Details			^