

## PHYSICAL FITNESS INCENTIVE PAY ANNUAL PHYSICIAN CERTIFICATION

This form is to be submitted directly to the Personnel Office by the employee.

This certification expires with the ending of the state of California fiscal year, and must be renewed on an annual basis.

### TO BE COMPLETED BY EMPLOYEE

EMPLOYEE NAME (Please Print)	EMPLOYEE SOCIAL SECURITY NUMBER
INSTITUTION/PAROLE REGION/OFFICE	AGENCY/REPORTING UNIT NUMBER
EMPLOYEE SIGNATURE	DATE

### TO BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER

#### HEALTH CARE PROVIDER CERTIFICATION

This is to certify that on \_\_\_\_\_, I examined the employee named above to determine his/her medical and physical condition. The examination was conducted using the usual standards recommended by the medical organization/provider identified below for examinations, and incorporated the medical tests necessary to assess the physical and/or medical condition of this person given his/her age, gender, medical history and results of the aforementioned examination.

HEALTH CARE PROVIDER SIGNATURE	DATE
HEALTH CARE PROVIDER NAME (Please Print)	ADDRESS AND TELEPHONE NUMBER
NAME OF MEDICAL ORGANIZATION/PRACTICE	

### TO BE COMPLETED BY PERSONNEL

DATE RECEIVED IN PERSONNEL	EFFECTIVE DATE	DATE PAR KEYED
<b>RATE OF PAY FOR WHICH EMPLOYEE IS ELIGIBLE</b> <input type="checkbox"/> <b>\$65 per month</b> Bargaining Unit (BU) 6, S06, M06, E97, E98, and E99 employees aligned with BU 6, with less than 60 qualifying pay periods* in the unit shall receive a flat rate of \$65 per pay period.		* A qualifying pay period is defined as 11 days of work or more for full time employees and 88 hours of work or more for permanent intermittent employees in a pay period.
<input type="checkbox"/> <b>\$130 per month</b> BU 6, S06, M06, E97, E98, and E99 employees aligned with BU 6, with 60 or more qualifying pay periods* in the unit shall receive a flat rate of \$130 per pay period.		
PERSONNEL SPECIALIST SIGNATURE		DATE