

**CERTIFICATION**

**RE-EMPLOYMENT OF SBCERA RETIREE (Limited Duration)**

(Pursuant to SBCERA Board Administration Policy No. 015)

DATE: \_\_\_\_\_

**EMPLOYER INFORMATION:**

Name of EMPLOYER: \_\_\_\_\_  
Name (Area Code & Phone No.)

Address of EMPLOYER: \_\_\_\_\_  
Street City Zip Code

**EMPLOYEE INFORMATION:**

Name of EMPLOYEE: \_\_\_\_\_  
First Middle Last (Area Code & Phone No.)

Address of EMPLOYEE: \_\_\_\_\_  
Street City Zip Code

Date of Retirement: \_\_\_\_/\_\_\_\_/\_\_\_\_ Effective Date of Re-Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. **Employer: Please certify that one or both of the following are true (check all that apply):**

- The re-employment of the employee is necessary during an emergency to prevent stoppage of public business
- The employee has skills needed to perform work of limited duration.

2. **Employer:** Please indicate the limit or limits on the duration of the employee's re-employment by selecting the box that applies to the employee. An **anticipated end date** for the re-employment must also be provided.

- Retiree has special skills/knowledge needed by employer AND employer is actively hiring/recruiting to fill Retiree's position
- Retiree training replacement
- Retiree working in a temporary assignment or working on a special project
- Temporary position due to peak or seasonal workload fluctuation for period: \_\_\_\_\_ to \_\_\_\_\_
- Retiree filling a short-term vacancy need
- Other** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Enter the anticipated end date for the selection above: \_\_\_\_\_ (month and year)**

- See Attachment 1 for further explanation. [Please attach explanation and label as "Attachment 1"]

3. a. **Employer:** Did or will the re-employment commence within 180 days following the date of retirement? (Note: Question #3, parts (a) and (b), **do not apply** to employees whose original re-employment date was prior to January 1, 2013.)

- Yes       No

b. **If you answered YES, to question 3. a.,** please check any/all of the following that apply:

- The employee is a public safety officer or firefighter, and the re-employment is for the performance of functions regularly performed by a public safety officer or firefighter
- The re-employment is necessary to fill a critically needed position before 180 days have passed, and the re-employment has been approved by the governing body of the agency in a public meeting on the non-consent calendar. (Please provide documentation, e.g. meeting agenda and/or, minutes and/or back-up. Label attachment as "Attachment 2.")

4. **Employee:** Has the employee received any unemployment insurance compensation, during the 12 months prior to re-employment, arising out of the prior employment with any SBCERA participating employer? (Note: Question #4, does not apply to employees whose original re-employment date was prior to January 1, 2013.)

- Yes       No

5. **Employer** and the **Employee** acknowledge and certify that:

- a. During re-employment, the employee may not work more than 960 hours during any fiscal year (July 1 through the following June 30).
- b. The employee's pay may not be less than the minimum nor more than the maximum paid to other employees performing comparable job duties.

6. **Employer** and **Employee** acknowledge that:

- a. While SBCERA and the Employer will cooperate to facilitate compliance with the terms of Government Code sections 7522.56 and 31680.6, and SBCERA Board Administration Policy No. 015, compliance is ultimately the employee's responsibility.
- b. Failure to comply with any of the requirements of Government Code sections 7522.56 and 31680.6, as implemented through SBCERA Board Administration Policy No. 015, may result in any or all of the following consequences, effective on the date that the re-employment ceased to be in compliance:
  - i. The employee's reinstatement to active SBCERA membership;
  - ii. The suspension of the employee's retirement benefit payments effective on the date that the re-employment ceased to be in compliance, which may include the recovery by SBCERA of any benefits improperly received;
  - iii. The collection from both the employee and the employer of retirement contributions on any pay received by the employee during any period of unlawful re-employment; and
  - iv. The employee earning a new retirement benefit during the period of re-employment, pursuant to Government Code section 31680.7; and
  - v. Any other consequence provided by law.

7. **Employer:** The Employer agrees to do at least one of the following (check all that apply):

- Grant SBCERA staff direct access to the employer's payroll system in a manner that permits SBCERA to determine the number of hours that the employee, and others similarly situated, have worked in a fiscal year; or
- Provide a report to SBCERA, on a pay-period by pay-period basis, showing the number of hours worked in a given fiscal year by any re-employed retirees who have worked at least 700 hours in a fiscal year.

**Certification re Re-Employment of SBCERA Retiree (Limited Duration)**  
**Page 3**

8. **Employer:** The employer agrees to report to SBCERA, by submitting an updated copy of this form:
- a. When any employee's re-employment extends, or is proposed for extension, beyond the stated end-date;
  - b. When any employee's re-employment was originally limited to the completion of a discrete quantity of work or to termination upon some other stated event, and has extended or is proposed to extend beyond that completion or event, with an explanation of the reasons.
9. **Employer and Employee** agree that in addition to the terms and conditions set forth herein, the parties have reviewed and further agree to comply with:
- (1) California Government Code section 7522.56
  - (2) California Government Code section 31680.6
  - (3) SBCERA Board Administration Policy No. 015

By executing this Certification, Employee and Employer certify that all statements herein are true to the best of their knowledge.

**EMPLOYEE:**

DATED: \_\_\_\_\_  
Employee / Retiree

**EMPLOYER:**

DATED: \_\_\_\_\_ BY: \_\_\_\_\_  
Authorized Representative of Employer

**RETURN COMPLETED FORM TO:**

San Bernardino County Human Resources Dept.  
ATTN: Employee Benefits and Services  
157 West Fifth Street, First Floor  
San Bernardino, CA 92415

OFFICE: (909) 387-5787  
FAX: (909) 387-5566

Expected End Date Approved by SBCERA: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Accepted and Approved by SBCERA**

DATED: \_\_\_\_\_ BY: \_\_\_\_\_  
Its: \_\_\_\_\_

Approval of this form by SBCERA entitles Employer and Employee to the conclusive presumption that the re-employment has commenced lawfully, so long as all statements made herein are true. A copy will be returned to the Employer and Employee.