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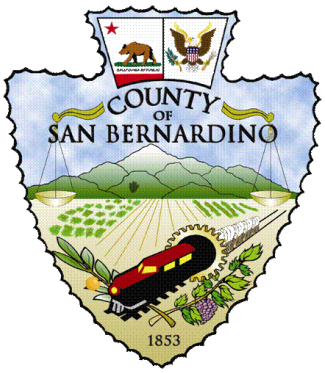

[LAYOFF INFORMATION AND EMPLOYEE RESOURCE GUIDE]

COUNTY OF SAN BERNARDINO

HUMAN RESOURCES DEPARTMENT

- EMPLOYMENT DIVISION
- EMPLOYEE BENEFITS AND SERVICES

WORKFORCE DEVELOPMENT DEPARTMENT

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INTRODUCTION

Due to current economic conditions, some employees may be faced with layoff. This guide has been designed to assist you if you are directly impacted by the layoff process. The information provided is intended to be a guide and does not replace the need for you to work closely with your department's Human Resources Officer and/or the Human Resources – Employment office to determine options specific to your employment situation. The information contained herein is arranged into three primary categories:

- List placement options and available resources
- Layoff impact on benefits
- Separation Checklist for those leaving County service

This guide includes general information regarding your list placement rights and other resources available to you as a layoff affected employee. Please refer to the appropriate Memorandum of Understanding, or contact your department's Human Resources Officer, to obtain more specific information about your layoff rights as they pertain to the particular bargaining unit within which you are a member.

LIST PLACEMENT OPTIONS AND AVAILABLE RESOURCES:

The Employment Division of Human Resources is committed to assisting those employees affected by layoff. In an effort to reduce the impact of layoff on affected employees, the Employment Division has partnered with the Workforce Development Department to offer services in the areas of application assistance, job matching/interview referrals, list placement, career counseling and job seeking services.

List Placement Rights

Per Sections 5(a) and (b) of the Layoff article in the General MOU (SBPEA), any regular employee who is laid off or reduced in classification as a result of layoff has the following rights while on layoff:

1. During the first two (2) years following a layoff, affected employees will be assured the right of an interview for vacant positions for which they meet certification requirements prior to final selection and appointment to said vacant positions within their previous non-group department/group in the same or equivalent classification to the one in which the employee has previously held regular status.

2. Any employee who is affected may request that their name be placed on appropriate eligible lists for a duration of two (2) years by submitting such a request and an application to the Director of Human Resources for determination of eligibility. Approval of such requests only entails placement on the list and does not guarantee employment or carry any bumping privileges. Placement on the eligible list shall be made pursuant to the provisions for requalification contained in the Personnel Rules.

Employees not covered by the General MOU should refer to their bargaining unit's MOU for list placement rights specific to their unit.

Pre-Layoff Job Matching and Referral Services

The Employment Division staff is available to meet with layoff affected employees to assist them in identifying alternate employment options within the County. Upon request, you will be scheduled to meet with a Human Resources Analyst who can provide the following services:

Application Assistance

- Creating an account profile in NEOGOV, the County's online applicant tracking system
- Creating a template application in NEOGOV that can be used to apply for multiple job openings
- Navigating the NEOGOV system to complete online applications for current County openings
- Submitting job interest cards in NEOGOV for classifications in which the layoff affected employee has interest

*See **Appendix A** for detailed instructions.*

Job Matching/Interview Referrals

- Job matching to alternate positions within the County for which minimum qualifications are met
- Exploring potential interview referrals
- Assessing transferable skills
- Providing assistance with resumes and interview tips

How to Request Pre-Layoff Services

If you are interested in any of the pre-layoff services described, please contact Human Resources to schedule an appointment with a Human Resources Analyst by calling the Employment Division Executive Secretary at (909) 387-5565 or sending an email to LayoffAffected@hr.sbcounty.gov.

Prior to meeting with an analyst, please complete an updated application (you may complete the application online in NEOGOV or complete a hard copy) and a referral request form. Please bring the completed documents to your scheduled meeting.

*See **Appendix B** for hardcopy application and **Appendix C** for hardcopy Referral Request form.*

Post-Layoff List Placement Services

The Employment Division staff can assist layoff affected employees with placing their names on appropriate eligible lists. Any regular status employee who has been laid off, or reduced in classification as a result of layoff, may be placed on eligible lists for:

1. Layoff Classification- For a period of two (2) years from the effective date of layoff, you are entitled to have your name placed on the eligible list for the classification from which you were laid off. Once list-placed for this classification, you are assured the right to an interview for vacant positions, in your previous department or group, for which you meet certification criteria (e.g. shift, location, etc.) prior to that position being filled.

2. Appropriate Classification (Requalification)- For a period of five (5) years from the effective date of layoff, you may request to have your name placed on eligible lists for appropriate classifications. To be eligible for requalification, you must meet the following criteria:

   - The appointing authority for the position from which you were laid off must indicate willingness to rehire you.
   - You must have previously demonstrated successful work performance in the layoff classification, including satisfactory attendance and work history.

   If approved for requalification, the duration of your list placement shall be two (2) years. During the two-year eligibility period, your name will be referred to any vacancy for which you meet list certification criteria (e.g. shift, location, etc.); however, an interview is not guaranteed.

Important Factors to Consider

Trainee Classifications: You may not request list placement to a trainee classification that would result in a promotion from your layoff classification once you have attained the journey level classification.

Probationary Period: A list placed employee shall serve a probationary period **unless** the employee has previously held regular status in the classification placed into, or unless the Director of Human Resources approves a waiver requested in writing by the appointing authority or employee. If you are required to serve a probationary period in a reduced classification, you may be disciplined without the right to review or appeal to the Civil Service Commission during that probationary period and do not have the right to return to your previous position.

How to Request Post-Layoff List Placement

If you are interested in requesting list placement for any of the described options, **you must**:

- Complete the Requalification Request form.
- Complete a county application (you may complete a hard copy application or use an existing NEOGOV application).
- Submit completed forms to:

  Human Resources – Employment
  157 W. 5th Street, San Bernardino, CA 92415, Attn: Judy Naranjo
  Electronic copies may be emailed to LayoffAffected@hr.sbcounty.gov.

If you would like assistance in completing the forms, you may request an appointment with a Human Resources Analyst to discuss and initiate the list placement process by contacting the Employment Division Executive Secretary at (909) 387-5565 or via email at jnaranjo@hr.sbcounty.gov.

*See **Appendix D** for hardcopy Requalification Request form.*

Department of Workforce Development Services

The Department of Workforce Development (WDD) can assist layoff affected employees with a wide variety of job seeker services including career counseling, job search, assessment and occupational skills training services. Also, a team of 23 forward-thinking individuals comprises the department's business service unit. These representatives meet with local business owners to identify their workforce needs, discover job openings, help with hiring and negotiate subsidized training contracts. One key program offered is On-the-Job Training (OJT). This program reimburses employers for the wages paid to a candidate for a defined period of time, from three to six months, while the candidate is training on the job. Services are delivered to job seekers on-line and through our three employment resource centers (ERC) located in San Bernardino, Rancho Cucamonga and Hesperia.

Online services available at www.csb-win.org include:

- Career "Tips" for self assessment, researching the labor market, and finding schools and educational programs.
- Career Explorer assists you with matching your skills, interests, and work values to appropriate occupations and allows you to find occupations that are similar to your current or previous job.
- Career Informer gives you information regarding occupations ranked by demand in your area.
- Job Market Explorer assists you to find occupations that match your current occupational skills to jobs that are in demand.
- Virtual Recruiter, Resume Builder, Letter Builder and access to employers posting jobs on the site.

Employment Resource Center (ERC) services:

- Specialized Job Search Workshops
- Training and Education Programs
- Training Providers and Schools
- Financial Assistance for Training
- Online Learning Resources
- Supportive Services
- Transition Budget Planning
- Referrals to Community Services

If you are interested in the services the Employment and Business Resource Centers offer, please call for enrollment details at the ERC nearest to you:

- **West-End Employment and Business Resource Center**-
  9650 9th Street, Suite A, Rancho Cucamonga, CA 91730.
  Phone: (909) 941-6500

- **East Valley Employment and Business Resource Center**-
  658 E. Brier Drive, Suite 100, San Bernardino, CA 92415.
  Phone: (909) 382-0440

- **High Desert Employment and Business Resource Center**-
  15555 Main Street, #G4, Hesperia, CA 92345.
  Phone: (760) 949-8526

Please bring identification, social security card, proof of selective service and layoff notice (if applicable) for Workforce Investment Act (WIA) program eligibility determination.

LAYOFF IMPACT ON BENEFITS:

What Happens to my Accrued Leave Balances?

General Employees who are laid off are compensated for their leave accruals as if they were terminated. To make the most of your leave accrual benefits, you should review the Leave Provisions sections of the appropriate MOU.

Eligibility

The information in this section applies to General Employees only. If you are a Safety, Exempt or Contract employee, you are encouraged to review your MOU, Exempt Compensation Plan or Contract or speak to your Department Payroll Specialist if you have questions. All MOU's may be found online at www.sbcounty.gov/hr; select link for Employee Relations.

Compensating Time Off (General Employees)

Cash payment at the employee's base rate of pay shall be paid for any compensating time on record immediately prior to termination of employment. This payment is automatic and does not require any paperwork from you.

Vacation Leave

Separated employees shall be compensated in a lump sum payment for accrued vacation time at the employee's base rate of pay. This payment is automatic and does not require any paperwork from you.

Holiday Leave

Upon your retirement or termination, you will be compensated for any unused accrued holiday time at the then current base rate equivalency. This payment is automatic and does not require any paperwork from you.

Administrative Leave

Upon termination of employment or appointment to a position in another occupational unit, unused administrative leave will be paid at the employee's current base rate of pay, which is calculated by the amount of hours that would have been accrued per month minus the total number of hours previously used and cashed out. This payment is automatic and does not require any paperwork from you.

Sick Leave (General Employees)

Unused sick leave is NOT a benefit that is paid at separation, except as provided in the Retirement Medical Trust article of the applicable MOU. Upon separation, and after the County verifies your eligibility, sick leave accruals are converted to cash and deposited into a fixed Retirement Medical Trust (RMT) account maintained by ING.

Please note: If you have less than ten (10) years of service, you are not eligible for RMT conversion of sick leave; however, you may be eligible for other conversion options. Please see the applicable MOU, Exempt Compensation Plan or Contract for information regarding alternative sick leave conversion options.

Continued on next page

Contact(s)

For additional information or assistance managing your accrued leave options, contact:

County of San Bernardino
Human Resources Department
Employee Benefits and Services Division
157 West Fifth Street, First Floor
San Bernardino, CA 92415-0440
(909) 387-5787
www.sbcounty.gov/hr

What is the Retirement Medical Trust (RMT)?

The Retirement Medical Trust (RMT) was implemented by the County of San Bernardino to assist eligible retirees and their dependents with the high cost of health related expenses. It provides a method for eligible participants to pay, on a nontaxable basis, for qualified expenses including medical, dental and long term care premiums, (as defined in Internal Revenue Code section 213), that are not otherwise reimbursed by insurance.

The Trust is funded by County contributions and the eligible cash value of the participant's sick leave upon separation from service. All funds contributed to the Trust are maintained in individual accounts administered by ING exclusively for the benefit of the participant or the participant's eligible dependent(s). Upon reaching the Normal Retirement Age under the Plan, the account balance is available for the reimbursement.

Eligibility

Eligible employees are those employees with ten (10) or more years of participation in the San Bernardino County Employees' Retirement Association (SBCERA). Participation in other public sector retirement system(s) may also be counted towards the ten (10) year requirement provided that the employee is also a participant in SBCERA. Employees who wish to receive credit for participation in other public retirement systems must provide the Plan Administrator written evidence of participation and that contributions made to the system(s) have not been withdrawn.

All eligible employees will be required to contribute the cash value of their unused sick leave balances to the Trust, upon separation from employment with the County for reasons other than death or disability retirement.

Investment Options

Upon separation, sick leave accruals are converted to cash and deposited into a fixed account maintained by ING, unless you have previously made changes to your RMT investment options. The RMT investment options are similar those offered through the County's 457 Plan.

It is recommended that you meet with an ING Representative to obtain investment counseling on your account. The ING Representative will be happy to schedule an appointment with you at your worksite or in their office.

Reimbursement Requests

You may begin receiving reimbursements from your RMT account for eligible medical expenses after separation from service and obtaining normal retirement age (50 yrs for Safety and 55 yrs for General).

RMT contributions, earnings and distributions are 100% tax free.

Continued on next page

Account Management

Your RMT account will be managed in the same manner as when you were an active employee. For example:

- Your account will continue to experience earnings and/or losses depending on your investment choices
- You will begin to pay administrative fees once you reach Normal Retirement Age
- Your RMT account will no longer be able to accept contributions.

Quarterly statements will continue to be mailed to your home address. It's important to notify ING each time your mailing address changes. This will ensure that you continue to receive your statements and your future reimbursement payments.

Reimbursement Forms

Upon separation, you will be mailed a "Welcome Packet" explaining the reimbursement process. You may request a reimbursement form directly from the third party administrator, Optum Health Financial Services at (866) 898-4584.

Contact(s)

County of San Bernardino
Human Resources Department
Employee Benefits and Services Division
Attention: Darlene Lopez
157 West Fifth Street, First Floor
San Bernardino, CA 92415-0440
(909) 387- 5537

Optum Health Financial Services
P.O. Box 728
Anoka, MN 55303-0728
Phone: (763) 772-1380 or (866) 898-4584
Fax: (763) 767-4700
email: flexclaims@arcadministration.com

ING Financial Partners
1200 California St., Suite 108
Redlands, CA 92374
(909) 748-6468

What Benefits Can I Continue through COBRA?

You and your enrolled dependents are eligible for COBRA when you have a qualifying event that results in the loss of your, and/or your dependent's, coverage. Examples include retirement, reduction in hours, leave of absence and termination.

Continuation coverage (COBRA) is available for:

- Health
- Dental
- Vision
- Flexible spending account

Portability is available for life insurance; both County-paid life insurance and employee paid (Supplemental and Accidental Death & Dismemberment) life insurance.

Background Information

COBRA is the abbreviation for Consolidated Omnibus Reconciliation Act, a federal law requiring continuation of health related benefits. COBRA continuation coverage provides the following advantages:

- You have the opportunity to purchase the same plan and benefits as active County employees
- Coverage is guaranteed regardless of medical status
- You will not have a gap in coverage between your active plan and your COBRA coverage as long as you elect your coverage and pay the premiums timely
- You don't have to select all benefits, only the ones you need
- You may enroll just yourself or just your dependent(s) in COBRA, or any combination
- You may keep COBRA benefits for up to 18 months as long as you pay the premium(s).

How to Elect COBRA

At the time your benefits are terminated, the County will send you a COBRA "Notice of Right to Elect Continuation of Group Health and Welfare Plan Coverage." This notice is automatic and will be sent to your last known address. It's important to ensure that your mailing address is correct with your Payroll Specialist. Also, if you have a COBRA qualifying event (e.g. a divorce, a child's birthday results in ineligibility, gain of Medicare), it's important to tell Employee Benefits and Services. This will ensure that you receive the appropriate COBRA benefit Notice and benefits.

Your Notice will contain the necessary enrollment forms to elect COBRA benefits. Complete the forms and return them within the 60-day election period. Once you have elected the benefits, you will receive a confirmation of election statement, which will indicate the amount of premiums owed for coverage during the election period. Thereafter, you are responsible for paying the premiums each month.

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Cost of COBRA Benefits –2010/2011 Premium Rate Table (Effective 08/01/10)

PLAN AND ENROLLMENT STATUS	MONTHLY PREMIUM
Kaiser Permanente	
Subscriber Only	$460.86
Subscriber + 1	$917.56
Family	$1,296.63
Health Net Elect Open Access (HMO)	
Subscriber Only	$409.72
Subscriber + 1	$875.99
Family	$1,200.48
Health Net PPO	
Subscriber Only	$828.27
Subscriber + 1	$1,683.74
Family	$2,611.10
Health Net PPO - Out of State	
Subscriber Only	$828.27
Subscriber + 1	$1,683.74
Family	$2,611.10
Health Net PPO – Needles	
Subscriber Only	$934.67
Subscriber + 1	$1,899.54
Family	$2,941.10
Delta Dental PPO	
Subscriber Only	$48.36
Subscriber + 1	$89.18
Family	$151.84
Delta Care USA	
Subscriber Only	$21.04
Subscriber + 1	$34.02
Family	$44.38
Vision (General)	$5.08
Vision (Safety)	$10.62
Vision (Exempt)	$12.51
FSA	Based on previous election

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Please review the cost table carefully, as it details your costs for each of the first 18 months of coverage.

Changing Plans under COBRA

Just like an active employee, you will receive annual open enrollment materials. You may change your current plan during the open enrollment period or if you move outside the service area.

California Continuation Rights

Coverage may be continued past the date your federal (18 months) COBRA Continuation Coverage ends. Health plans must offer individuals who have exhausted their initial 18 months (or 29 months for a disability extension) an extension under California law (called Cal-COBRA). This extension is available for up to a total of 36 months (when combined with your 18 months of federal COBRA). The extension applies to medical plans only (not dental or vision). To obtain the extended coverage, you must notify your health plan in writing no later than 30 days before the end of the initial 18 month (or 29 month) period. If you elect this extension, you will notice an increase in the premium. Under Cal-COBRA, a health plan may charge up to a 10% administration fee.

After COBRA Ends

Ability to enroll in an individual plan varies by plan. You are encouraged to contact Employee Benefits and Services during the annual COBRA open enrollment period if this option will affect your plan election.

Contact(s)

For additional information or assistance regarding your COBRA benefits, contact:

County of San Bernardino
Human Resources Department
Employee Benefits and Services Division
157 West Fifth Street, First Floor
San Bernardino, CA 92415-0440
(909) 387-5552
www.sbcounty.gov/hr

Can I Continue my Life Insurance and/or AD&D Coverage?

There are two County sponsored life insurance plans (Basic Life and Supplemental Life) and one Accidental Death and Dismemberment (AD&D) plan offered to County employees. When your employment ends or you leave an eligible position, you will be offered the opportunity to continue this benefit in one of the following ways: 1) Portability or 2) Conversion (Not AD&D).

Life Insurance Portability and Conversion Benefits

Portability and Conversion benefits are products that allow you to keep your life insurance coverage as a guaranteed issue. The benefit of porting or converting a policy is that it permits you to purchase insurance without providing evidence of insurability.

How to Elect Life Insurance Portability or Conversion Benefits

Once your employment separation paperwork has been processed through the payroll system, the County will send you a “Portability Election” form or “Conversion of Group Life Insurance Enrollment” form, as applicable. To continue coverage under one of these provisions, you must submit a written request to Minnesota Life and make the first premium contribution within 60 days after the insurance provided by the County would otherwise terminate.

Cost of Life Insurance for Portability

The monthly rates for **Portability** coverage is as follows:

Age Band	Port Rates (Per $1,000)
<30	0.092
30 – 34	0.122
35 – 39	0.136
40 – 44	0.152
45 – 49	0.228
50 – 54	0.348
55 – 59	0.652
60 – 64	1.002
65 – 69	1.926

Cost of Life Insurance for Conversion

If you are converting your life insurance coverage, premiums will be based upon your age and Minnesota Life’s regular in force rates at the time your conversion policy is issued. Use the rates mailed with your Conversion of Group Life Insurance Enrollment form to determine your new premium.

Contact(s)

For more information or assistance regarding your life insurance and/or AD&D benefits, contact:

County of San Bernardino
Human Resources Department
Employee Benefits and Services Division
157 West Fifth Street, First Floor
San Bernardino, CA 92415-0440
(909) 387-5559

Minnesota Life Insurance Company
400 Robert Street North
St. Paul, MN 55101-2098
(866) 293-6047

Can I Continue my Variable Group Life Insurance (VGUL) Coverage?

The Variable Group Universal Life (VGUL) insurance product is only available to **Exempt** employees. When your employment ends or you leave an eligible position, you will be offered the opportunity to continue this benefit in one of the following ways: 1) Portability or 2) Conversion.

Life Insurance Portability and Conversion Benefit

Portability and Conversion benefits are products that allow you to keep your life insurance coverage as a guaranteed issue.

How to Elect Life Insurance Portability or Conversion Benefits

Once your premium is no longer electronically sent to Minnesota Life through the County's payroll system, Minnesota Life will mail you a premium due notice to continue the policy.

You may contact Minnesota Life Insurance Company at 800-843-8358 to make payment arrangements for your future VGUL premiums.

Cost of Life Insurance for Portability or Conversion

You will want to contact Minnesota Life to determine if there is any change in your premium. Premium rates are subject to change depending upon your age at separation of employment.

Contact(s)

For more information or assistance regarding your Variable Group Life Universal Insurance, contact:

County of San Bernardino
Human Resources Department
Employee Benefits and Services Division
157 West Fifth Street, First Floor
San Bernardino, CA 92415-0440
(909) 387-5559

Minnesota Life Insurance Company
400 Robert Street North
St. Paul, MN 55101-2098
(800) 843-8358

What Options are Available for my 457 (b) Deferred Compensation?

When you leave County employment, you may wish to make some decisions concerning your 457 (b) Deferred Compensation Plan Benefits. Please note, you are not required to take any action and you may maintain your account balance until such time as you wish to initiate distribution. Any employee who has an account balance, regardless of whether you are currently contributing to the Plan, should consider the options presented below.

Available Options

You have three options:

1. Maintain your account balance with the Plan in its entirety.
2. Receive a lump sum distribution payment or a series of monthly, quarterly, semiannual or annual payments, not to exceed your life expectancy.
3. Determine when you want to begin receiving the payment(s). No action is required at this time if you are choosing to maintain your balance. Contact ING when you decide to begin distribution.

Payment Distributions

Distribution can begin as soon as administratively possible after your employment separation paperwork has been processed through the payroll system.

When you receive your distribution, taxes will be deducted automatically at an approximate rate of 20% for Federal taxes and 2% for State taxes. If you wish to have additional taxes withheld, please inform ING.

Account Management

Your Deferred Compensation Plan will be managed in the same manner as when you were an active employee. For example:

- Your account will continue to experience earnings and losses
- You will have the ability to transfer your account balance to another employer plan or IRA (transfers to qualified plans may subject your balance to additional withdrawal penalties and restrictions).
- You will no longer be able to contribute to this account and will no longer receive employer contributions, if applicable.

Quarterly statements will continue to be mailed to your home address. It's important to notify ING each time your mailing address changes. This will ensure that you continue to receive your statements and your future distribution payments.

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How to Elect Distribution

Please request a distribution directly from the ING home office at (800) 584-6001.

It is recommended that you meet with an ING Representative to obtain distribution counseling on your account. ING will be happy to schedule an appointment with you at your worksite or in their office.

Contact(s)

For more information or assistance regarding your deferred compensation account, contact:

County of San Bernardino
Human Resources Department
Employee Benefits and Services Division
Attention: Gracie Flores
157 West Fifth Street, First Floor
San Bernardino, CA 92415-0440
(909) 387- 6098

ING Financial Partners
1200 California St., Suite 108
Redlands, CA 92374
(909) 748-6468

What Options are Available for my PST Deferred Compensation?

When you leave County employment, you are entitled to receive a distribution of your mandatory PST Deferred Compensation account. Please note that due to recent IRS changes, you are not required to take any action and you may maintain your account balance until such time as you wish to initiate distribution. Any employee who has an account balance, regardless of whether you are currently contributing to the Plan, should consider the options presented below.

Available Options

You have three options:

1. Maintain your account balance with the Plan in its entirety, or
2. Receive a lump sum distribution payment or a series of monthly, quarterly, semiannual or annual payments, not to exceed your life expectancy
3. Determine when you want to begin receiving the payment(s). No action is required at this time if you are choosing to maintain your balance. Contact ING when you decide to begin distribution.

Payment Distributions

Distribution can begin as soon as administratively possible after your employment separation paperwork has been processed through the payroll system.

When you receive your distribution, taxes will be deducted automatically at an approximate rate of 20% for Federal taxes and 2% for State taxes. If you wish to have additional taxes withheld, please inform ING.

Account Management

Your PST Deferred Compensation account will be managed in the same manner as when you were an active employee. For example:

- Your account will continue to experience earnings at a fixed rate
- You will have the ability to transfer your account balance to another employer plan or IRA (transfers to qualified plans may subject your balance to additional withdrawal penalties and restrictions).
- You will no longer be able to contribute to this account and will no longer receive employer contributions, if applicable.

Quarterly statements will continue to be mailed to your home address. It's important to notify ING each time your mailing address changes. This will ensure that you continue to receive your statements and your future distribution payments.

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How to Elect Distribution

Please request a distribution directly from the ING home office at (800) 584-6001.

It is recommended that you meet with an ING Representative to obtain distribution counseling on your account. ING will be happy to schedule an appointment with you at your worksite or in their office.

Contact(s)

For more information regarding your PST Deferred Compensation account, contact:

County of San Bernardino
Human Resources Department
Employee Benefits and Services Division
Attention: Gracie Flores
157 West Fifth Street, First Floor
San Bernardino, CA 92415-0440
(909) 387- 6098

ING Financial Partners
1200 California St., Suite 108
Redlands, CA 92374
(909) 748-6468

What Options are Available for my 401(k) Defined Contribution?

When you leave County employment, you may wish to make some decisions concerning your 401(k) Defined Contribution Plan benefits (this benefit is only available to **Exempt** employees). You are not required to take any action and you may maintain your account balance until such time as you wish to initiate a distribution. Any employee who has an account balance, regardless of whether you are currently contributing to the Plan, should consider the options presented below.

Available Options

You have three options:

1. Maintain your account balance with the Plan in its entirety.
2. Receive a lump sum distribution payment or a series of monthly, quarterly, semiannual or annual payments, not to exceed your life expectancy.
3. Determine when you want to begin receiving the payment(s). No action is required at this time if you are choosing to maintain your balance. Contact ING when you decide to begin distribution.

Payment Distributions

Distribution can begin as soon as administratively possible after your employment separation paperwork has been processed through the payroll system.

When you receive your distribution, taxes will be deducted automatically at an approximate rate of 20% for Federal taxes and 2% for State taxes. Additionally, if you receive your distribution before normal retirement age, you may need to pay a penalty tax. If you wish to have additional taxes withheld, please inform ING.

Account Management

Your 401(k) Defined Contribution Plan will be managed in the same manner as when you were an active employee. For example:

- Your account will continue to experience earnings and losses
- You will have the ability to transfer your account balance to another employer plan or IRA.
- You will no longer be able to contribute to this account.

Quarterly statements will continue to be mailed to your home address. It's important to notify ING each time your mailing address changes. This will ensure that you continue to receive your statements and your future distribution payments.

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How to Elect Distribution

Please request a distribution directly from the ING home office at (800) 584-6001.

It is recommended that you meet with an ING Representative to obtain distribution counseling on your account. ING will be happy to schedule an appointment with you at your worksite or in their office.

Contact(s)

County of San Bernardino
Human Resources Department
Employee Benefits and Services Division
Attention: Gracie Flores
157 West Fifth Street, First Floor
San Bernardino, CA 92415-0440
(909) 387- 6098

ING Financial Partners
1200 California St., Suite 108
Redlands, CA 92374
(909) 748-6468

How do I File for Unemployment Insurance?

The California Employment Development Department (EDD) administers unemployment insurance benefits and other services to displaced workers. Information regarding Unemployment Insurance is provided to assist you in filing for your benefits.

How to File an Unemployment Insurance Claim

You should file your claim as soon as you can after your last working day.

EDD offers the following options in filing your claim:

1. Use the on-line application at https://eapply4ui.edd.ca.gov/
2. File by telephone at (800) 300-5616
3. Print application from www.edd.ca.gov, complete by hand, then fax to 866-215-9159 **OR** mail to EDD #019, P.O. Box 1041, Atwood, CA 92811-1041 for processing.

Information Needed to File a Claim

When filing a claim, the critical items you should have are:

- Your name (including all names you used while working), social security number, mailing and residence address, and telephone number.
- Your state issued driver's license or ID card number.
- The last date you worked for any employer. If you are working part-time, be sure to tell EDD you are still working and the number of hours you are working each week.
- Your gross earnings in the last week you worked, beginning with Sunday and ending with your last day of work.
- The name, mailing address and telephone number of your last employer. For the County of San Bernardino, regardless of your actual work location, please use the following address to expedite the processing of your claim:

County of San Bernardino
Human Resources Department
Employee Benefits and Services Division
157 West Fifth Street, 1st Floor
San Bernardino, CA 92415-0440

- The name of any other employers within the last 18 months (including the name of the employer you worked for the longest within this timeframe).
- The reason you are no longer working for your last employer.
- Whether you are receiving, or expect to receive any payments from former employers, e.g., wages, pension, holiday pay, vacation or sick pay.
- Your citizenship status (which may include your alien registration number).

Continued on next page

Waiting Period

There is a seven-day waiting period. EDD will notify you of the results of your claim, including the day your benefits will begin and the amount of your benefits.

Weekly Benefit Amount

The weekly benefit amount will range from $40 to $450 and depends on when you file a claim and your past earnings. If you have questions on the amount of your award, contact EDD.

Benefit Time Limits

You can collect for up to 26 weeks as long as you are available for work and are actively seeking work. If you are still unemployed after 26 weeks and you have exhausted your entitlement to your regular UI claim, you may be eligible for an extension. If you are eligible to file for an extension, EDD will automatically file the extension and send you an additional Continued Claim Form, DE 4581. No action is required on your part.

When Will I Receive My Checks?

You will usually receive your first check in two and one-half (2 ½) to three and one-half (3 ½) weeks after filing. Typically, you will receive a check every two (2) weeks. You may obtain automated check information by contacting the EDD at **866-333-4606.**

Eligibility

Eligibility is determined by EDD.

SEPARATION CHECKLIST:

Due to the nature of the budget deficit, some employees may be laid off resulting in separation from County service. In an effort to simplify the separation process for those laid off, Human Resources has developed a checklist of activities to be completed prior to and upon separation from County service.

Prior to Separation

☐ **Assess your transferable skills.**
Web resource: https://www.csb-win.org/careertips.asp
http://www.acinet.org/skills/default.aspx?nodeid=20

☐ **Explore a career change.**
Web resource: http://www.careerinfonet.org/

☐ **Consider meeting with a WDD representative at your local Career center:**

- **Create or update your resume and cover letter**
- **Seek employment outside of County service**
- **Learn about retraining programs**
- **Networking**
- **Explore a career change**
- **Prepare for job interviews**

Web resource: http://www.sbcountyadvantage.com/Jobs-Online-Services.aspx (WDD)
http://www.careeronestop.org (Federal site)

Local Career Centers:

- **West-End Employment Resource Center**-
  9650 9th Street Suite A, Rancho Cucamonga, CA 91730
  Phone: (909) 941-6500
- **San Bernardino Employment Resource Center**-
  658 East Brier Street Dr., Suite 100, San Bernardino, CA 92415
  Phone: (909) 382-0440
- **High Desert Employment and Business Resource Center**-
  15555 Main Street, #G4, Hesperia, CA 92345.
  Phone: (760) 949-8526

☐ **Consider applying for open County positions. Current job announcements are accessible via:**
County web page Internet (www.sbcounty.gov/hr) and Intranet sites
24-Hour Job Hotline: (909) 387-5611
HR – Employment Office: 157 W. 5th Street, San Bernardino, CA 92415

☐ **Consider applying for open non-County positions.**
Web resources: http://www.sbcounty.gov/csb-win/jobsearch.asp
http://www.caljobs.ca.gov/
http://www.careercity.com/

☐ **Go to the EDD website to view rules for unemployment benefits and find out what benefits you would receive.**
Web resource: http://www.edd.ca.gov/Unemployment
Toll free: (866) 333-4606 TTY: (800) 815-9387

☐ **Consider your retirement eligibility and/or options.**
Web resource: www.sbcera.org
Phone: (909) 885-7980. Toll free: (877) 722-3721.
Contact: SBCERA Office

SBCERA
348 W. HOSPITALITY LANE
THIRD FLOOR
SAN BERNARDINO, CALIFORNIA 92415-00

☐ **Determine 401(K) defined contribution and 457 deferred compensation options.**
Web resources: http://www.sbcounty.gov/hr/Benefits_Home.aspx (Benefits - Internet)
http://countyline/hr/benefits (Benefits – Intranet)
Phone: (909) 387-6098
Contact: HR/Employee Benefits and Services Department (EBSD)

☐ **Determine medical/healthcare options:**

- **Learn how to continue your medical benefits**
  Web resources: http://www.sbcounty.gov/hr/Benefits_Home.aspx (Benefits - Internet)
  http://countyline/hr/benefits (Benefits – Intranet)
  Phone: (909) 387-5552
  Contact: HR/Employee Benefits and Services Department (EBSD)
- **Explore private health care (California Department of Insurance)**
  Web resource: http://www.insurance.ca.gov/
  Toll free: (800) 927-HELP (4357). TDD: (800) 482-4833

☐ **If participating in other benefit programs, determine your options:**

- **Flexible Spending Account (FSA) Program**
- **Dependent Care Assistance Program (DCAP)**

Web resources: http://www.sbcounty.gov/hr/Benefits_Home.aspx (Benefits - Internet)
http://countyline/hr/benefits (Benefits – Intranet)
Phone: (909) 387-5787
Contact: HR/Employee Benefits and Services Department (EBSD)

☐ **Obtain your workplace job references for future interviews**
Contact: Former supervisors and managers

After Leaving County Service

☐ **Apply for unemployment insurance benefits.**
Web resource: http://www.edd.ca.gov/Unemployment
Toll free: (866) 333-4606 TTY: (800) 815-9387

☐ **Within 60 days, apply for continued health care coverage through EBSD or private sources.**
Web resources: http://www.sbcounty.gov/hr/Benefits_Home.aspx (Benefits - Internet)
Phone: (909) 387-5787
Contact: HR/Employee Benefits and Services Department (EBSD)

☐ **Keep your current contact information on file with Human Resources.**
Phone: (909) 387-8304
Contact: HR/Employment Division
157 W. 5th Street, First Floor
San Bernardino, CA 92415

☐ **Contact the San Bernardino County Employees' Retirement Association (SBCERA) regarding your retirement account and options.**

Web resource: www.sbcera.org
Phone: (909) 885-7980 Toll free: (877) 722-3721
Contact: SBCERA Office

SBCERA
348 W. HOSPITALITY LANE
THIRD FLOOR
SAN BERNARDINO, CALIFORNIA 92415-00

☐ **Learn about state sponsored financial assistance if it becomes necessary.**
Web resource: http://www.dss.cahwnet.gov/cdssweb/PG181.htm

Appendix A – NEOGOV Instructions

County of San Bernardino
Human Resources Department

Submitting Online Job Interest Cards

If you are interested in a job that is not currently open for recruitment, you may request to be automatically notified when it opens by submitting an Online Job Interest Notification Card:

Option 1: Job Interest Notification Card by **Category**

a. Visit Human Resources Employment Website at **www.sbcounty.gov/hr**
b. Select **"Employment"**
c. Select **"Current Job Listings"**
d. In the 3rd paragraph, click on "**category**"
e. Check all categories that interest you
f. Complete the required **Job Interest Card** fields
g. Click **"Submit Request"** and you will be notified for all jobs that match the selected categories

Option 2: Job Interest Notification Card by **Job Title** (Job Description/Classification)

a. Visit Human Resources Employment Website at **www.sbcounty.gov/hr**
b. Select **"Employment"**
c. Select **"Current Job Listings"**
d. In the 3rd paragraph, click on "**job titles**"
e. Locate positions of interest in alphabetical order
f. Click **title** of chosen position to review job description
g. To receive an **Interest Card**, click **"Email me when jobs like this become available"**
h. Click **"Submit Request"** and you will be notified when a recruitment opens for the specific job title selected

Note: ***Job Interest Notification Cards are active for a one year period and will automatically expire after this period has passed.***

- If you change your email address or your job interest notification card expires, you will need to resubmit your job interest card(s) request.
- SPAM filters may prevent the emailed notification from reaching you or send the notification to a SPAM folder. Update SPAM, Junk, or Bulk e-mail filters accordingly.

Information on current ***Job Openings*** can be obtained at:

Human Resources-Employment
157 West Fifth Street, 1st Floor, San Bernardino
(909) 387-8304 · TTY Users: 711
Job Line: (909) 387-5611
Apply Online at: www.sbcounty.gov/hr

Disclaimer: The Job Interest Card is not an application for employment. The County of San Bernardino utilizes the Job Interest Card as a courtesy to prospective applicants and makes every effort to ensure proper and timely notification of job openings. Upon receipt of a job interest card, an applicant should submit a completed application as soon as possible before the last day to file.

County of San Bernardino
Human Resources Department

Creating an Account, Application, and Applying Online

Creating an Account

The first step in the online application process is to create an account in our online application system, NEOGOV. ***Note: Applicants who already have a NEOGOV account in NEOGOV, should follow steps a & b only to log into their account and proceed to the next section.***

a. Visit Human Resources Website at **www.sbcounty.gov/hr**
b. At the top right choose "**NEOGOV LOGIN**"
c. Click on the "**create your account here!"** link
d. Enter your account information. A unique username and password should be created; be sure to record your login information for future use. ***Do not share your username and password with anyone. Only one applicant per account is allowed.***
e. Clic**k "Save"; ;** you now have an account with Neo-Gov!

Creating a Template Application

After your account is established, you can create a template application that can be saved, modified, and used to apply for more than one job opening. ***Note: Creating a template application does not mean you applied for a job. To apply for a job opening, proceed and follow the instructions in the next section.***

a. Click **"Create Application"; ;** give this application a name (e.g., San Bernardino County application)
b. Click **"Create Application"** again
c. Verify information is correct, click **"Save and View Application"** at bottom of page
d. Fill in your information for each section by clicking on the **"Edit"** and **"Add"** links for each section.
Be sure to include all required information and detailed responsibilities of your previous work and volunteer positions in the work experience section. You can update the information in your template application at any time.
e. To retain the section information, click **"save and add another"** or **"save and view application"**
f. When finished, you can click **"Main Menu"** to view or edit the template application you created

Applying Online

a. Visit Human Resources Website at **www.sbcounty.gov/hr**
b. Select **"Employment"**
c. Select **"Current Job Listings"**, scroll to the bottom of the page to view current job openings
d. Click on the Position Title to view the job announcement and apply for the position/job; Click "**Apply"**
e. Sign in to your account using your Username and Password. Click **"Login"**
f. Select template application created, click **"Select Application & Continue"**
g. Complete and/or update information in each application process step
h. Click **"Save Work in Progress"** (saves current work and allows you to return later to complete the application process) or **"Save and Proceed"** (saves current work and proceeds to the next step in application process)
i. Click **"confirm application"** *Note: Review your application and confirm that all information is correct and complete before clicking confirm application, as you will not be able to make any additional changes once the confirm application button has been selected.*
j. Submit your application by clicking **"accept"**

Upon successful submittal of your application, you will receive an onscreen and email confirmation that your application has been submitted. Check the status of your application by logging into your account and clicking the application status tab. You must submit an application for each job you wish to apply for.

Appendix B – Hard Copy Application

County of San Bernardino
EMPLOYMENT APPLICATION

Department of Human Resources
24-Hour Job Hotline: (909) 387-5611
www.sbcounty.gov/hr

You are encouraged to apply online.

FAILURE TO COMPLETE ALL ITEMS ON THIS APPLICATION WILL RESULT IN YOUR ELIMINATION FROM THE EXAMINATION PROCESS.

Announcement Number	Job Title for which you are applying. (**Apply for only one job per application.**)
Last Name First Name MI	Month/Day of Birth: MM: /DD: Last Name at Birth
List any other names you have ever used	I prefer Human Resources notify me by: (select one) ☐ E-mail ☐ Paper

Mailing Address Apt # City State Zip Code

Primary Phone	Alternate Phone	E-Mail Address

WORK AVAILABILITY: Indicate the type of appointment you will accept. ☐ Full-Time ☐ Part-Time ☐ Temporary or Extra-Help

WORK SHIFT: Indicate your availability for the following. Refusing a shift you have selected will result in removal from the list.
☐ Day ☐ Swing ☐ Night ☐ Rotating ☐ Weekend

WORK LOCATION: Indicate all locations where you are willing to accept employment. Refusing a job offer, if you check its location below, will result in removal from the list.

WEST END	VALLEY	LOWER DESERT	UPPER DESERT	MOUNTAINS
☐ Ontario/Chino	☐ San Bernardino/Colton	☐ 29 Palms	☐ Victorville/Hesperia	☐ Crestline
☐ Rancho Cucamonga	☐ Fontana/Rialto	☐ Joshua Tree/Yucca Valley	☐ Barstow	☐ Running Springs
	☐ Redlands/Yucaipa/ Loma Linda		☐ Needles	☐ Big Bear
				☐ Lake Arrowhead/Blue Jay/ Twin Peaks

BILINGUAL SKILLS: List any languages other than English in which you are fluent. _____ ☐ Write ☐ Speak

CONVICTIONS: You must complete this section to be considered for a job. Make attachments if needed. Convictions are evaluated for each position and are not necessarily disqualifying.
As an adult (age 18), have you ever been convicted, or pled guilty or no contest to a misdemeanor or felony (exclude misdemeanor marijuana-related offenses over two years old pursuant to Labor Code 432.8)? ☐ Yes ☐ No

Date and location of conviction/plea:_____ Penal Code Number (section required): _____

Explanation: _____

_____

Veterans' Preference Points: Eligible veterans and the spouses or widows(ers) of veterans *who are not currently County employees* may be awarded additional points. To claim Veterans' Preference, you **must** select one of the options below and submit the required documentation **within 48 hours** of application. To be given credit, you must include your name and recruitment title on each document. For additional information, refer to the County's Veterans' Preference Policy.

☐ None-I am not an eligible veteran
☐ I am a **veteran** requesting 5 points and will submit a copy of my DD214 or V.A. letter
☐ I am a **disabled veteran** requesting 10 points and will submit a copy of my DD214 and evidence of disability (i.e. V.A. letter indicating percentage of disability)
☐ I am the **spouse of a disabled veteran** requesting 5 points and will submit a copy of my spouses DD214 and evidence of disability (i.e. V.A. letter indicating percentage of disability)
☐ I am the **widow(er) of a veteran** requesting 5 points and understand that I must submit a copy of the DD1300

Are you a *current* County of San Bernardino employee in a regular position? *(Excludes employees serving in a public service (PSE), temporary, extra help, intern, contract, and/or recurrent County position.)* ☐ Yes ☐ No If so list your current job title and Department: _____ Employee ID: _____ ***You must include your current County job in the work history section of this application.***

How did you learn about this position? ☐ San Bernardino County website ☐ Referred by other County employee:_____
☐ Job Fair:_____ ☐ Newspaper/Journal:_____ ☐ Website:_____ ☐ Other:_____

IF YOU NEED SPECIAL TESTING ARRANGEMENTS DUE TO A DISABILITY, YOU MUST COMPLETE A SPECIAL TESTING ACCOMMODATION REQUEST FORM BY THE FILING DEADLINE. CALL (909) 387-8304, 711 FOR TTY USERS, FOR ASSISTANCE.

CERTIFICATE OF APPLICANT: I certify that all statements made in this entire application, including any attachments, are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification or dismissal. I have completed all sections of the application and supplemental application. I understand that I cannot change or amend any information related to the minimum requirements for this position once my application has been submitted. I may only change information regarding personal or contact information or job availability preferences.

_____	_____	_____
Name (Please print)	*Signature*	*Date*

- REVERSE SIDE MUST BE COMPLETED -

Human Resources Employment Division - San Bernardino
157 West Fifth Street, First Floor, San Bernardino, CA 92415-0440
(909) 387-8304 • California Relay Service: 711 (FOR TTY USERS)

Please visit our website: **www.sbcounty.gov/hr.**

EEO/ADA Compliant Employer

SAN BERNARDINO COUNTY HUMAN RESOURCES

Completion of this section is optional; the information provided will only be used for statistical purposes. It will be detached and not used to make any decisions that affect you.

Position applied for: _____

Gender: ☐ Male ☐ Female **Age Group:** ☐ Under 40 ☐ 40 or over

Race/Ethnic Category (Check one or more that apply)

☐ **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North, Central, and South America, and who maintains tribal affiliation or community attachment.

☐ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Black or African American:** A person having origins in any of the black racial groups of Africa.

☐ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

EXPERIENCE: Provide a complete employment history; list your **current or most recent job first.** If additional space is needed, attach a sheet of paper and provide all information as requested on this application. Do not refer to a résumé. Only those jobs listed will be considered in determining your eligibility. List each job title separately, even if the employer is the same. Incomplete information will result in disqualification.

From (Mo/Day/Yr)	Title of Your Most Recent Position	Company Name	Phone	Name & Title of Immediate Supervisor
To (Mo/Day/Yr)	Number and Street	City	State	Reason for Leaving
Hours Worked Per Week	Description of Duties			
				FOR OFFICE USE

From (Mo/Day/Yr)	Title of Position	Company Name	Phone	Name & Title of Immediate Supervisor
To (Mo/Day/Yr)	Number and Street	City	State	Reason for Leaving
Hours Worked Per Week	Description of Duties			
				FOR OFFICE USE

From (Mo/Day/Yr)	Title of Position	Company Name	Phone	Name & Title of Immediate Supervisor
To (Mo/Day/Yr)	Number and Street	City	State	Reason for Leaving
Hours Worked Per Week	Description of Duties			
				FOR OFFICE USE

EDUCATION: (If Job Announcement requires coursework in specific areas, attach a list of applicable completed courses.)

College or University (City, State)	Major/Minor	Type of Degree (Associate's, Bachelor's) *Degree Completed*	Units Completed Semester	Units Completed Quarter
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		

LICENSES/CERTIFICATIONS: Use this space to list license or certificate number and expiration date; other courses, training or education specifically required.

_____

_____

_____

NOTE: If you believe your civil rights in employment matters have been violated at any time during the course of your consideration for employment, contact the Equal Employment Opportunity Office, 157 West Fifth Street, First Floor, San Bernardino, CA 92415-0440, phone: (909) 387-5582 ***(do not call this number for general employment or job application information)****. For employment information call: (909) 387-8304.*

Thank you for your interest in employment with the County of San Bernardino, The Employer of Choice!

Applications are accepted only for jobs that are in the open recruitment process. Your application must be filed in the Employment Division office by the closing date listed on the job announcement. A separate application must be submitted for each position, unless otherwise indicated on the announcement. It is the applicant's responsibility to obtain and read the announcement. The Human Resources Director may specify the maximum number of eligible candidates to be processed at each step of the exam process. You may not reapply for the same job for six (6) months.

Please note that we are unable to provide photocopies of applications, résumés or other materials. ONLY those materials specifically requested by this office will be retained; all others will be discarded.

Appendix C – Referral Request Form

San Bernardino County
Human Resources Department

REFERRAL REQUEST

THIS FORM MUST BE ACCOMPANIED BY A COMPLETED COUNTY EMPLOYMENT APPLICATION

Name: _____ Employee #: _____

Exact Title of Current Classification: _____ Current Range: _____

Current Group/Department: _____

I understand that a demotion or job change may require that I serve a probationary period. I understand that if I am serving a probationary period due to a voluntary demotion, I may be disciplined, up to and including being terminated, without right to review or appeal during that probationary period and that I do not have the right to return to my previous department or classification. I understand that if I am serving a probationary period due to a job change, I may be disciplined, up to and including being returned to my previous department and classification or a comparable classification, without right to review or appeal during that probationary period.

Employee Signature: _____ Date:_____

Indicate the classifications and salary range for which you wish to be considered for referrals. You may only be referred for classifications that are at the same or lower salary range as your current classification; you may not be referred for a trainee classification that promotes to a higher range than your current classification. You must also meet the minimum requirements.

For a complete list of county classifications go to http://www.sbcounty.gov/hr/EmpOpp_Class.aspx.

To be Completed by Employee		**To be Completed by Human Resources Employment**		
Classification Title *(Be sure to include all classifications in which you previously held status.)*	**Range***	Regular Status: Yes [ ] No [ ] Affected Date: _____		
		Approved (Y/N)	**Reason/Comments**	**Initials**

*For Trainee classifications list the higher level salary range.

Rev 6/7/10

Referral Request

To be Completed by Employee		To be Completed by Human Resources Employment		
Classification Title *(Be sure to include all classifications in which you previously held status.)*	**Range***	Regular Status: Yes [ ] No [ ] Affected Date: _____		
		Approved (Y/N)	**Reason/Comments**	**Initials**

Additional Documents Needed (e.g., coursework, certificates, etc):

_____

_____

_____

_____

_____

_____

Additional Information may be submitted by:

Fax: (909) 387-5792 (Attn: Judy Naranjo) ♦ Email: layoffaffected@hr.sbcounty.gov
Mail/Deliver: HR Employment, 157 West 5th St, 1st Floor, San Bernardino, 92415 (c/o Judy Naranjo)
Documents may also be submitted to your assigned HR Analyst listed below.

Contact Information

Human Resources Analyst: _____

Human Resources Officer: _____

Judy Naranjo (Appointments): (909) 387-5565 ♦ Email: layoffaffected@hr.sbcounty.gov

Appendix D - Requalification Request Form

County of San Bernardino
Human Resources Department
REQUALIFICATION REQUEST

This form must be accompanied by a completed application for County employment.
A supplemental application may also be required.

REQUEST FOR REQUALIFICATION MAY BE ACCEPTED UP TO FIVE YEARS FROM DATE OF TERMINATION.
If your request is approved, your name will remain on the eligible list for 12 months.

Evaluation of your request will be based on information from the department by which you were employed at the time of termination. This information includes a performance rating and record of sick leave usage.

COMPLETE ALL INFORMATION BELOW

Name: _____

Employee No:_____ Month/Day of Birth:_____

Address: _____
(Include city, state and zip code)

Home Phone: _____ Business/Message Phone: _____

I herewith submit my request for reemployment with the County of San Bernardino to the following classifications in which I held regular status:

_____ _____ _____

I was employed by the County of San Bernardino as follows:

From (date)	*To (date)*	*Classification*	*Department*

My reason for leaving County of San Bernardino employment was:_____
_____

My reason(s) for wishing to return to County service are:_____
_____

Certificate of Applicant: I certify that all statements made in this form are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification of dismissal.

Signature: _____ Date:_____

Employment Use Only

Date Placed on List:_____ Date Letter Sent:_____ Operator Initials:_____

Cannot Be Placed On List-Reason:_____
_____
_____

Submit Request to:

San Bernardino County
Human Resources Department

157 West Fifth Street, First Floor
San Bernardino, CA 92415-0440
Interoffice Mail Code: 0440

County of San Bernardino
Requalification Application

Department of Human Resources
24-Hour Job Hotline: (909) 387-5611
www.sbcounty.gov/hr

FAILURE TO COMPLETE ALL ITEMS ON THIS APPLICATION WILL RESULT IN YOUR ELIMINATION FROM THE EXAMINATION PROCESS.

Announcement Number	Job Title for which you are applying (one title per application)

Last Name	First Name	MI	Month/Day of Birth MM: /DD:	Last Name at Birth

List any other names used:	Do you possess a CA Driver's License? ☐ Yes ☐ No

Mailing Address	Apt #	City	State	Zip Code

Home Phone	Alternate Phone	E-Mail Address

Notification Preference: (select one) ☐E-mail ☐Paper | Testing Location Preference:(select one) ☐San Bernardino ☐Victorville

WORK AVAILABILITY: Indicate the type of appointment you will accept.

Type:	☐ Full-Time	☐ Part-Time	☐ Temporary or Extra-Help		
Shift:	☐ Day	☐ Swing	☐ Rotating Shifts	☐ Weekends	☐ Night

WORK LOCATION: Refusing a job offer, if you check its location below, will result in removal from the list.

WEST END	VALLEY	LOWER DESERT	UPPER DESERT	MOUNTAINS
☐ Ontario/Chino	☐ San Bernardino/Colton	☐ 29 Palms	☐ Victorville/Hesperia	☐ Crestline
☐ Rancho Cucamonga	☐ Fontana	☐ Joshua Tree/Yucca Valley	☐ Barstow	☐ Running Springs
	☐ Redlands/Yucaipa		☐ Needles	☐ Big Bear
				☐ Lake Arrowhead/Blue Jay/Twin Peaks

BILINGUAL SKILLS: List any languages other than English in which you are fluent. _____ ☐ Write ☐ Speak

CONVICTIONS: You must complete this section to be considered for a job. Make attachments if needed. Convictions are evaluated for each position and are not necessarily disqualifying.

As an adult (age 18), have you ever been convicted, or pled guilty or no contest to a misdemeanor or felony? ☐ Yes ☐ No

Date and location of conviction/plea:_____ | Penal Code Number (section required): _____

Explanation: _____

_____

Veterans' Preference Points: Eligible veterans and the spouses or widows(ers) of veterans *who are not currently County employees* may be awarded additional points. To claim Veterans' Preference, you **must** select one of the options below and submit the required documentation by the application deadline. Please clearly indicate your name and the recruitment title on each document. For additional information, refer to the County's Veterans' Preference Policy.

☐ None-I am not an eligible veteran
☐ I am a **veteran** requesting 5 points and will submit a copy of my DD214 or V.A. letter
☐ I am the **spouse of a disabled veteran** requesting 5 points and will submit a copy of my spouses DD214 and evidence of disability (i.e. V.A. letter indicating percentage of disability)
☐ I am the **widow(er) of a veteran** requesting 5 points and understand that I must submit a copy of the DD1300
☐ I am a **disabled veteran** requesting 10 points and will submit a copy of my DD214 and evidence of disability (i.e. V.A. letter indicating percentage of disability)

Are you a *current* County of San Bernardino employee in a regular position? *(Excludes employees serving in a public service (PSE), temporary, extra help, intern, contract and/or recurrent County position)* ☐ Yes ☐ No If so, for which department: _____ Employee ID: _____

How did you learn about this position? ☐ San Bernardino County website ☐ Referred by other County employee:_____

☐ Job Fair:_____ ☐ Newspaper/Journal:_____ ☐ Website:_____ ☐ Other:_____

IF YOU NEED SPECIAL TESTING ARRANGEMENTS DUE TO A DISABILITY, CALL (909) 387-8304, 711 FOR TTY USERS.

Human Resources Employment Division - San Bernardino
157 W. 5th St., First Floor, San Bernardino, CA 92415-0440
(909) 387-8304 • California Relay Service: 711 (FOR TTY USERS)

SAN BERNARDINO COUNTY HUMAN RESOURCES

Please complete this information for statistical purposes. It will be detached and not used to make any decisions that affect you.

Position applied for: _____

Sex: ☐ Male ☐ Female **Age Group:** ☐ Under 40 ☐ 40 or over

Race/Ethnic Category:

☐ **White (not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ **Black (not of Hispanic origin):** All persons having origins in any of the black racial groups.

☐ **American Indian or Alaska Native:** All persons having origins in any of the original peoples of North America.

☐ **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

☐ **Asian or Pacific Islanders:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

EXPERIENCE: Provide a complete employment history beginning with your current or most recent job**. If additional space is needed, attach a sheet of paper**. ***Do not refer to a résumé***. Only those jobs listed will be considered in determining your eligibility. List each job title separately, even if the employer is the same. Incomplete information will result in disqualification.

From (Mo/Day/Yr)	Title of Your Most Recent Position	Company Name	Phone	Name & Title of Immediate Supervisor
To (Mo/Day/Yr)	Number and Street	City	State	Reason for Leaving
Hours Worked Per Week	Salary	Description of Duties		
				FOR OFFICE USE

From (Mo/Day/Yr)	Title of Position	Company Name	Phone	Name & Title of Immediate Supervisor
To (Mo/Day/Yr)	Number and Street	City	State	Reason for Leaving
Hours Worked Per Week	Salary	Description of Duties		
				FOR OFFICE USE

From (Mo/Day/Yr)	Title of Position	Company Name	Phone	Name & Title of Immediate Supervisor
To (Mo/Day/Yr)	Number and Street	City	State	Reason for Leaving
Hours Worked Per Week	Salary	Description of Duties		
				FOR OFFICE USE

EDUCATION: (If Job Announcement requires coursework in specific areas, attach a list of applicable completed courses.)

College or University (City, State)	Major/Minor	Type of Degree (Associate's, Bachelor's) *Degree Completed*	Units Completed Semester	Units Completed Quarter
		□ Yes □ No		
		□ Yes □ No		
		□ Yes □ No		

LICENSES/CERTIFICATIONS: Use this space to list license or certificate number and expiration date; other courses, training or education specifically required.

_____

_____

ADDITIONAL INFORMATION:_____

NOTE: If you believe your civil rights in employment matters have been violated at any time during the course of your consideration for employment, contact the Equal Employment Opportunity Office, 157 West Fifth Street (First Floor), San Bernardino, CA 92415-0440, phone: (909) 387-5582 ***(do not call this number for general employment or job application information)****. For employment information call: (909) 387-8304.*

If you prefer to apply online, please visit our website: ***www.sbcounty.gov/hr.***

Thank you for your interest in employment with the County of San Bernardino, The Employer of Choice!

Applications are accepted only for jobs that are in the open recruitment process. Your application must be filed in the Employment Division office by the closing date listed on the job announcement. A separate application must be submitted for each position, unless otherwise indicated on the announcement. It is the applicant's responsibility to obtain and read the announcement. The Human Resources Director may specify the maximum number of eligible candidates to be processed at each step of the exam process. You may not reapply for the same job for six (6) months.

Please note that we are unable to provide photocopies of applications, résumés or other materials. ONLY those materials specifically requested by this office will be retained; all others will be discarded.