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AUTHORIZATION FORM

AUTHORIZATION FOR THE EMERGENCY APPOINTMENT OF RETIRED SBCERA MEMBER

DATE:				
EMPLOYER INFORMAT	ION:			
Name of EMPLOYER:	Name		(Area Code & Phone No.)	
Address of EMPLOYER:	Street	City	Zip Code	
Employer Representative:	Name			
EMPLOYEE INFORMAT	ION:			
Name of EMPLOYEE:	First	Middle	Last	
Date of Retirement:				
Re-Employment Job Title:				
Effective Date of Re-Employ	yment:			

Government Code sections 7522.56, 31680.2 and 31680.6 limit retired SBCERA members' ability to work for SBCERA-participating employers without being reinstated as active members.

On March 4, 2020, the Governor issued a Proclamation of a State of Emergency in response to the COVID-19 health crisis and, in Executive Orders N-25-20 and N-35-20, the Governor suspended all limitations under Government Code sections 7522.56, 31680.2 and 31680.6, except for Gov't Code sec. 7522.56(e), which remains effective.

Government Code section 7522.56(e) provides that "any retired person shall not be eligible to serve or be employed by a public employer if, during the 12-month period prior to [the] appointment ... the retired person received any unemployment insurance compensation arising out of prior employment subject to this section with a public employer."

SBCERA's Distributions Restrictions policy provides that SBCERA's limitations on retiree appointments (to ensure a bona fide separation under IRS rules) are suspended during an emergency. Nevertheless, an emergency should not be exploited by employees who (a) were not otherwise planning on retiring and/or (b) whose services are not essential during the COVID-19 health crisis. Such abuses will call into question whether there has been a bona fide separation, even under emergency circumstances.

Additionally, returning retirees who have been granted disability retirements from the SBCERA Board of Retirement shall not be required to perform any of the duties the Board of Retirement determined the retiree was permanently incapacitated from performing. It is the employer's responsibility to ensure that the position the returning retiree will fill meets the work restrictions set forth by the retiree's physician, and such determination will be done through an Interactive Process (IAP) conducted with retiree.

MEMBER CERTIFICATION

This section to be completed by the SBCERA returning retiree.

that my post-retirement services to my during the 12-month period prior to my	on or about the retirement date listed above, before it was evident employer were essential during the COVID-19 health crisis; and (2) effective date of reemployment I did not receive any unemployment prior employment subject to Gov't Code sec. 7522.56 with a public
MEMBER SIGNATURE	DATE
EMPLOYER CERTIFICATION This section to be completed by the	employer.
•	es of the above-named member are essential during the COVID-19 es for reemployment under the criteria set forth above.
PRINTED NAME, TITLE	SIGNATURE
DATE	

Upon the completion of this authorization, the member named herein may return to employment with his or her employer at any time. Such employment shall not operate to reinstate the member as an active member of SBCERA or to terminate or suspend his or her retirement allowance, and no deductions shall be made from his/her salary as contributions to SBCERA. This authorization is valid only during the COVID-19 emergency. When the emergency has concluded, employment of all retired SBCERA members must comply with then-applicable law and SBCERA's policies and procedures that apply in the absence of an emergency.