



San Bernardino County Employees'  
Retirement Association

## Returning Retiree Certification

(Pursuant to SBCERA Board Benefits Policy No. 032)

P: 909.885.7980 | E: [returningretirees@sbcera.org](mailto:returningretirees@sbcera.org) | [sbcera.org](http://sbcera.org)

### Submit this Form:

**Mail** | 348 W. Hospitality Lane Suite 100,  
San Bernardino, CA 92408  
**Fax** | 909.884.1904  
**Online** | [SBCERA.org/mySBCERA](http://SBCERA.org/mySBCERA)

All SBCERA retirees returning to work in any capacity must be authorized by SBCERA using this form.

Government Code section 7522.56 provides specific employment restrictions for retirees who return to work with an employer in the same public retirement system from which they receive a benefit. These restrictions are intended to prevent the "double-dipping" of a retiree receiving a monthly SBCERA retirement benefit while also receiving compensation for employment with an SBCERA-covered employer.

**Employer:** Use this form to report the details of any return-to-work arrangement with an SBCERA retiree prior to the retired member commencing re-employment. Once you have completed the sections that apply, provide the form to the retiree for review and signature.

**Retiree:** You are required to review and sign this form prior to your commencement of re-employment with an SBCERA-covered employer.

### Section 1

### Retiree Information

For security and identification purposes, we require an SBCERA ID.

Retiree's pension benefit may be subject to suspension if Retiree's Effective Date of Re-Employment commences prior to SBCERA's approval of this Certification form.

If your anticipated end date of re-employment will be beyond 18 consecutive months, this approval will be at the discretion of the Board of Retirement, if you meet the requirements stated in the policy.

SBCERA ID		
Last Name	First Name	Middle Initial
Date of Retirement	Re-Employment Job Title	
Effective Date of Re-Employment	Anticipated End Date of Re-Employment	
Has retiree previously returned to work under a separate SBCERA certification?	If yes, please indicate the date of certification below. _____	
Is this an initial request or a request to extend employment beyond 18 consecutive months? <input type="checkbox"/> Initial Request <input type="checkbox"/> Request to Extend		

### Section 2

### Employer Information

Employer Name	
Name of Your Department (If Applicable)	
Phone Number	
Employer Representative	Representative's Title

## Section 3

### Return to Work – Type of Employment

Returning retiree is subject to the limitation of Government Code Sec. 7522.56.

**Note:** A direct hire is someone who is employed directly by or employed through a contract with your organization.

**Choose the nature of the employment relationship (select only one):**

- ☐ Direct Hire (If selected, proceed to Section 4)
- ☐ Hired through Staffing/Temp Agency, or other third-party (If selected, proceed to Section 4)
- ☐ Independent or Sub- Contractor (If you checked this box because the retiree is being hired as an independent contractor or sub-contractor, proceed directly to Section 9, then sign and return this form to SBCERA immediately. Do not complete the rest of this form at this time. SBCERA will provide you and the employee with an "Employment Relationship Questionnaire." Additionally, you must attach any analysis and/or determination your organization has performed to indicate why you consider this role an independent contractor or sub-contractor. If you have already completed the questionnaire and received your determination, complete the rest of this form as instructed in your determination.)
- ☐ Board Member or Commissioner (If selected, proceed to Section 7.)
- ☐ Volunteer (If selected, proceed to Section 8.)

## Section 4

### Certification of Need for Re-Employment

**Please certify that one or both of the following are true. State law requires at least one of these conditions for a retiree to return to work. Check all that apply.**

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

**Please indicate anticipated end date of employment:** \_\_\_\_\_

If you selected Yes, you must also complete Section 6.

**Is the anticipated end date more than 18 consecutive months from the initial start date of the retiree's re-employment?**

- ☐ Yes
- ☐ No

## Section 5

### Employment Details

**Description of Role (select all that apply):**

- ☐ 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.

## Section 5

## Employment Details (Continued)

You may attach a supplemental document that answers this question.

**Please provide a summary description of the duties the retiree is performing within this role:**

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SBCERA's Retirees Returning to Work policy requires that an employer shall be actively recruiting for a permanent replacement for the regular position being occupied by a retiree, unless the position is temporary or seasonal.

**Are you actively recruiting for this role?**

☐ Yes

☐ No

**Did this person retire with a Service-Connected Disability Retirement Benefit?**

☐ Yes (If selected, you will be required to complete additional information.)

☐ No

The retiree shall not be eligible to serve or be employed by a public employer if, during the 12-month period prior to returning to employment, the retired person received any unemployment insurance. See Gov. Code Sec. 7522.56(e)(1).

**During the 12 months prior to re-employment, did the retiree receive unemployment insurance compensation from prior employment with an SBCERA participating employer?**

☐ Yes

☐ No

**What is the salary range paid to similarly situated employees according to the employer's publicly posted salary schedule?**

Job Title \_\_\_\_\_

Salary Minimum \$\_\_\_\_\_ (per hour)

Salary Maximum \$\_\_\_\_\_ (per hour)

Rate of pay for employment shall not be less than the minimum, nor exceed the maximum, paid by the employer to other employees performing comparable duties.

See Gov. Code Sec. 7522.56(d).

**What will be the returning retiree's hourly pay rate?**

\$\_\_\_\_\_ (per hour)

**Will the re-employment start within 180 days following the retiree's date of retirement?**

☐ Yes

☐ No (If selected, please proceed to the Instructions listed at the end of this section.)

**If the answer is Yes, please check the box that applies to the retiree's re-employment.**

☐ The retiree 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, and the re-employment has been approved by the governing body of the agency in a public meeting on the non-consent calendar (Employers must submit the minutes from the meeting where the employment was approved by its governing board.)

## Section 5 Employment Details (Continued)

A member who retires at an age younger than the normal retirement age must have at least a continuous 60-day break in service from the date of the member's last day of employment prior to being re-employed while retired by any SBCERA-covered employer.

**Is the retiree a general member under the normal retirement age of 55 or a safety member under the normal retirement age of 50?**

- ☐ Yes (If selected, please answer questions A and B below)
- ☐ No (If selected, you may skip questions A and B below)

**A. Was there a verbal or written agreement between employer and the retiree regarding this position prior to his/her retirement?**

- ☐ Yes (If selected, stop completing this form and contact SBCERA immediately.)
- ☐ No

**B. Has it been 60 days since the retiree's date of separation of employment?**

- ☐ Yes
- ☐ No (If selected, stop completing this form and contact SBCERA immediately.)

**Instructions: If you selected Yes in the last question of Section 4, you must proceed to Section 6. If you selected No, then skip to Section 9.**

## Section 6

## Beyond 18 Consecutive Months Supplemental Questions

Only members who selected Yes to the last question in Section 4 should complete this section.

You may attach a supplemental document that answers the questions in this section.

When you're done with this section, please proceed to Section 9.

SBCERA Board of Retirement policy requires the following conditions to be met before the retiree can be re-employed beyond 18 consecutive months:

- Re-employment is necessary to enable the employer to continue effective operations in light of genuinely extreme necessity that is unavoidable or could not have been anticipated.
- Re-employment is limited to the completion of a discrete quantity of genuinely limited work that one would expect to be completed at a foreseeable time, such as the completion of a special project.

Your answers to the following questions will help SBCERA staff determine if the requested re-employment meets the conditions above. Staff will then take their recommendation to the Board for approval. Any re-employment beyond 18 consecutive months must be approved by the Board of Retirement. **Please complete the following supplemental questions:**

1. How many hours a week does/will the SBCERA retiree work?  
\_\_\_\_\_
2. What special skills does the SBCERA retiree have to perform the duties of the position?  
\_\_\_\_\_
3. Why is the re-employment of the SBCERA retiree necessary?  
\_\_\_\_\_
4. If the re-employment is unavoidable or could not have been anticipated, please explain why.  
\_\_\_\_\_
5. If the agency cannot continue to re-employ the SBCERA retiree, what will it do?  
\_\_\_\_\_
6. What will the detriment be to the public, job tasks, programs, or projects the SBCERA retiree is working on if employment is not extended?  
\_\_\_\_\_
7. Is anyone else able to do the SBCERA retiree's current job?  
\_\_\_\_\_
8. What measures is the agency taking to ensure it will have qualified employees on staff when the retiree's extension ends?  
\_\_\_\_\_
9. If this retiree does not perform the work, will there be a stoppage of public business?  
\_\_\_\_\_
10. Who would perform this work if the retiree was not available?  
\_\_\_\_\_
11. Is there anyone else currently working for the agency that can perform these functions?  
\_\_\_\_\_

## Section 7 Board or Commission

**Only complete this section if the retiree is a member of a Board or Commission.** Once complete, please proceed to Section 9.

Provide information about the retiree's service on the Board/Commission.

SBCERA retirees are allowed to serve on the Boards and Commissions of Participating Employers and receive the same per diem payment as other members of the Board or Commission, without being subject to returning retiree restrictions.

Board/Commission Name: \_\_\_\_\_

Term of Appointment/Election: \_\_\_\_\_

Start Date \_\_\_\_\_ Anticipated End Date \_\_\_\_\_

Per Diem Paid to All Board/Commission Members \$ \_\_\_\_\_ (per meeting)

Meeting Frequency: \_\_\_\_\_

Does retiree receive any additional benefits such as health or dental insurance?

☐ Yes

☐ No

If the answer above is Yes, provide details about additional benefits:

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

## Section 7.1

### Employer Acknowledgment for Board/Commission

This form will be *rejected* if this section is not complete.

Retiree must complete Section 7.2 and return form to employer.



By executing this Certification, employer certifies that all statements herein are true to the best of their knowledge.

Executed on \_\_\_\_\_, at \_\_\_\_\_  
Date City, State

X \_\_\_\_\_  
Employer Representative's Printed Name

X \_\_\_\_\_  
Employer Representative's Signature

## Section 7.2

### Retiree Certification

This form will be *rejected* if this section is not complete.



I certify that all statements herein are true to the best of my knowledge.

I declare under penalty of perjury all the foregoing statements to be true and correct.

Executed on \_\_\_\_\_, at \_\_\_\_\_  
Date City, State

X \_\_\_\_\_  
Retiree Printed Name

X \_\_\_\_\_  
Retiree Signature

**You've completed the required sections that apply to Boards/Commissions. Employer should return the form to SBCERA using the instructions at the end of the form.**

## Section 8 Volunteer

**Only complete this section if the retiree is a volunteer.**

Once complete, please proceed to Section 8.1.

SBCERA retirees are allowed to volunteer with any SBCERA-covered employer without being subject to Return to Work requirements so long as they are not compensated for their service.

Position: \_\_\_\_\_

Estimated Work Hours Per Week: \_\_\_\_\_

Describe volunteer duties:

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

Does retiree receive any additional benefits such as health or dental insurance?

☐ Yes

☐ No

If the answer above is Yes, provide details about additional benefits:

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

## Section 8.1

### Employer Acknowledgment for Volunteers

This form will be *rejected* if this section is not complete.

By executing this Certification, employer certifies that all statements herein are true to the best of their knowledge.

Executed on \_\_\_\_\_, at \_\_\_\_\_  
Date City, State



X \_\_\_\_\_  
Employer Representative's Printed Name

X \_\_\_\_\_  
Employer Representative's Signature

**You've completed the required sections that apply to volunteers. Return the form to SBCERA using the instructions at the end of the form.**

## Section 9 Employer Acknowledgements

Employer must acknowledge by signing below that they have read and understand these statements.

Do not complete if retiree is a member of a Board or Commission.

As a participating employer, you have read and understand the following:

- Returning retiree will not work more than 960 hours during any fiscal year (July 1 through the following June 30).
- Retiree's pay will not be less than the minimum nor more than the maximum paid to other employees performing comparable job duties.
- While SBCERA and the employer will cooperate to facilitate compliance with the terms of California Gov. Code sections 7522.56 and 31680.6, and SBCERA Board Benefits Policy No. 032, compliance is ultimately **the retiree's responsibility**.
- A member who retires at an age younger than the normal retirement age must have at least a continuous 60-day break in service from the date of the member's last day of employment prior to being reemployed while retired by any SBCERA-covered employer.
- Failure to comply with any of the returning retiree requirements may result in reinstatement from retirement. Reinstatement has serious consequences for the retiree and the employer. These consequences are effective on the date the re-employment ceased to comply with the returning retiree restrictions and include the following:
  - Suspension of member's retirement pension benefit payments. Additionally, the member may need to repay the benefits received during the time the employment was not in compliance.
  - SBCERA will collect retirement contributions from the retiree and the employer on any pay received by the retiree during any period of unlawful re-employment.
  - Retiree will earn a new retirement benefit during the period of re-employment that was not in compliance with the law.
  - Employer and/or retiree will be subject to any other consequence provided by law.

In addition to the terms and conditions herein, the employer agrees to comply with:

- (1) California Government Code section 7522.56
- (2) California Government Code section 31680.6
- (3) SBCERA Board Benefits Policy No. 032

**Annual Reporting:** Employers shall report the following to SBCERA not later than 10 business days after the end of each fiscal year: a list of all SBCERA retirees working in any capacity, including: direct employment or as independent contractors contracted directly with the employer, along with the total number of hours worked for each retiree during the fiscal year.

**Notice of Violation:** An employer shall notify SBCERA within two business days of the discovery that a retiree has exceeded 960 hours worked in a fiscal year or the limited duration period.

**Recruitment Prior to and During the Return to Work of a Retiree:** An employer shall be actively recruiting for a permanent replacement for the regular position being occupied by a retiree, unless the position is temporary or seasonal.

**Substantial Compliance:** If genuine documentation regarding the re-employment of a retiree is submitted as required by this Policy and accepted by SBCERA as adequate at the time of the re-employment, this shall be considered conclusive evidence that the re-employment was commenced in compliance with applicable law. The CEO or designee shall notify the employer in writing of the acceptance of the documentation required by this policy.



## Section 9

## Employer Acknowledgements (Continued)

This form will be *rejected* if this section is not complete.

Retiree must complete Section 10 and return to employer.



I have read the foregoing Employer Acknowledgments and understand the limits placed on SBCERA retirees returning to work for SBCERA-covered employers. Furthermore, I certify that all statements herein are true to the best of my knowledge.

I declare under penalty of perjury all the foregoing statements to be true and correct.

Executed on \_\_\_\_\_ at \_\_\_\_\_  
Date City, State

X \_\_\_\_\_  
Employer Representative's Printed Name

X \_\_\_\_\_  
Employer Representative's Signature

## Section 10

## Retiree Acknowledgements

Retiree must acknowledge by signing below that they have read and understand these statements.

As a returning retiree, you have read and understand the following:

- You shall not work more than 960 hours during any fiscal year (July 1 through the following June 30).
- Your pay will not be less than the minimum nor more than the maximum paid to other employees performing comparable job duties.
- While SBCERA and the employer will cooperate to facilitate compliance with the terms of California Gov. Code sections 7522.56 and 31680.6, and SBCERA Board Benefits Policy No. 032, compliance is ultimately **your responsibility**.
- If you retire at an age younger than the normal retirement age, you must have at least a continuous 60-day break in service from the date of your last day of employment prior to being reemployed while retired by any SBCERA-covered employer.
- Failure to comply with any of the returning retiree requirements may result in reinstatement from retirement. Reinstatement has serious consequences for the retiree and the employer. These consequences are effective on the date the re-employment ceased to comply with the returning retiree restrictions and include the following:
  - Suspension of your retirement pension benefit payments. Additionally, you may need to repay the benefits received during the time the employment was not in compliance.
  - SBCERA will collect retirement contributions from you and your employer on any pay received by you during any period of unlawful re-employment.
  - You will earn a new retirement benefit during the period of re-employment that was not in compliance with the law.
  - Employer and/or you will be subject to any other consequence provided by law.

In addition to the terms and conditions herein, the retiree agrees to comply with:

- (1) California Government Code section 7522.56
- (2) California Government Code section 31680.6
- (3) SBCERA Board Benefits Policy No. 032

**Substantial Compliance:** If genuine documentation regarding the re-employment of a retiree is submitted as required by this Policy and accepted by SBCERA as adequate at the time of the re-employment, this shall be considered conclusive evidence that the re-employment was commenced in compliance with applicable law. The CEO or designee shall notify the employer in writing of the acceptance of the documentation required by this policy.

## Section 10

## Retiree Acknowledgements (Continued)

This form will be *rejected* if this section is not complete.

I have read the foregoing Retiree Acknowledgments and understand the limits placed on me, as an SBCERA retiree returning to work for SBCERA-covered employers. Furthermore, I certify that all statements herein are true to the best of my knowledge.

I declare under penalty of perjury all the foregoing statements to be true and correct.

Executed on \_\_\_\_\_, at \_\_\_\_\_  
Date City, State



X \_\_\_\_\_  
Retiree Printed Name

X \_\_\_\_\_  
Retiree Signature

### RETURN COMPLETED FORM TO:

**San Bernardino County departments** should submit this form to San Bernardino County Human Resources for processing.

**All other employers** should submit this form to SBCERA.

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

OFFICE: (909) 885-7980  
FAX: (909) 885-7446

San Bernardino County Employees' Retirement Association  
Member Services Dept.  
348 W. Hospitality Lane, Suite 100  
San Bernardino, CA 92408

OFFICE: (909) 885-7980  
or (877) 722-7321  
FAX: (909) 885-7446

## FOR SBCERA USE ONLY

Expected End Date Approved by SBCERA

\_\_\_\_\_

Accepted and Approved by SBCERA

By: \_\_\_\_\_

\_\_\_\_\_

Printed Name

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.