

## CERTIFICATION

### Post-Retirement Employment of SBCERS Retiree

(For Extra Help, Contractor on Payroll (COP), and/or Independent Contractor)

The purpose of this form is to confirm eligibility for post-retirement employment with an SBCERS employer pursuant to Government Code Sections 7522.56, 31680, IRS Code Section 401(a) and Co. of SB Administrative Manual 014-021. Forms will be reviewed on a bi-weekly basis and are due to HR by 4 PM on the first Friday of the Pay Period prior to the anticipated hire date. These forms are a matter of public record and will be used for audit purposes.

DATE FORM COMPLETED: \_\_\_\_\_  
mm dd yyyy

### PART I: TO BE COMPLETED BY DEPARTMENT/EMPLOYER HR STAFF

#### EMPLOYER INFORMATION

Hiring Department: \_\_\_\_\_

Department Contact: \_\_\_\_\_  
Staff Name phone or email

#### EMPLOYEE/RETIREE INFORMATION:

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
First Middle Last

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
mm dd yyyy

Retirement Date: \_\_\_\_\_ Retired from: \_\_\_\_\_  
mm dd yyyy Department Name

1. **Select the type of appointment (choose one).**

- \_\_\_\_\_ Extra Help
- \_\_\_\_\_ Contractor on Payroll
- \_\_\_\_\_ Independent Contractor

2. **Select the type of work (choose one).**

- \_\_\_\_\_ General
- \_\_\_\_\_ Safety

3. **Anticipated Date Employment will Start:** \_\_\_\_\_  
mm dd yyyy

4. **Anticipated End Date of Employment:** \_\_\_\_\_  
mm dd yyyy

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

\_\_\_\_\_ The re-employment of this retiree is necessary during an emergency to prevent stoppage of public business.

\_\_\_\_\_ The retiree has skills needed to perform work of limited duration.

**6. Please indicate the limit or limits on the duration of the retiree's re-employment by selecting the box that applies:**

\_\_\_\_\_ Retiree has special skills/knowledge needed by the employer AND employer is actively hiring/recruiting to fill the position.

\_\_\_\_\_ Retiree is training their replacement.

\_\_\_\_\_ Retiree is working in a temporary assignment or working on a special project.

\_\_\_\_\_ This is a temporary position due to peak or seasonal workload fluctuation for period: \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_ Retiree is filling a short-term vacancy need.

**7. Please describe the anticipated work product or service to be provided by retiree.**

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

**8. If the anticipated end date for the employment period is more than 12 months from the start date, please explain the circumstances requiring extended service.**

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

**9. Will the post-retirement employment commence within 180 days following the date of retirement? \_\_\_\_\_ NO \_\_\_\_\_ YES**

**If you answered YES, please check one of the following:**

\_\_\_\_\_ The retiree is a public safety officer or firefighter, and the post-retirement is for the performance of functions regularly performed by a public safety officer or firefighter.

\_\_\_\_\_ The post-retirement employment is necessary to fill a critically needed position before 180 days have passed AND has been agendized for approval by the appointing body on the non-consent calendar.

**PART II: TO BE COMPLETED BY THE EMPLOYEE/RETIREE**

10. Have you accepted a retirement incentive (golden handshake, early retiree incentive, or a cash incentive) from any public employer?

\_\_\_\_\_ NO                      \_\_\_\_\_ YES

11. Have you received any unemployment insurance compensation arising out of any prior employment with a public employer during the last 12-month period?

\_\_\_\_\_ NO                      \_\_\_\_\_ YES

**PART III: ACKNOWLEDGMENTS**

12. Employer and the Retiree/Employee acknowledge and certify that:

- a. During the post-retirement employment period, the employee may not work more than 960 hours or 120 days, whichever is greater, in a fiscal year.
- b. Post-retirement employment that exceeds 24 months is generally presumed to not meet the definition of limited duration. The Employer and retiree/employee shall submit a request for special circumstance consideration to SBCERS if the period of post-retirement employment is expected to extend beyond 24 months. The request shall be submitted **prior** to the end of the 24-month period.
- c. While SBCERS and the Employer will cooperate to facilitate compliance with the terms of Government Code sections 7522.56 and 31680.6, and SBCERS' Working After Retirement Guidelines, compliance with the limits of the post-retirement employment is ultimately the retiree/employee's responsibility.
- d. Failure to comply with any of the requirements of Government Code sections 7522.56 and 31680.6, and SBCERS' Working After Retirement Guidelines, may result in any or all of the following consequences:
  - i. The retiree's reinstatement to active SBCERS membership;
  - ii. The suspension of the retiree's retirement benefit payments effective on the date the post-retirement employment ceased to be in compliance, which may include recovery by SBCERS of any benefits improperly received;
  - iii. The collection from both the retiree/employee and the employer of retirement contributions on any pay received by the retiree/employee during any period of unlawful post-retirement employment;
  - iv. The retiree/employee earning a new retirement benefit during the period of post-retirement employment, pursuant to Government Code section 31680.7; and
  - v. Any other consequence provided by law.

**By executing this Certification, the SBCERS retiree and Employer certify that all statements herein are true to the best of their knowledge. I declare under penalty of perjury that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may be grounds to deny employment, or for disciplinary action including dismissal after employment.**

\_\_\_\_\_  
*Signature of Employee/Retiree* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Signature of Authorized Employer Representative* *Print Name* *Date*

DOCUMENT TRACKING:

	DPA to candidate	Candidate to DPA	DPA to HR	HR to SBCERS	SBCERS to HR
DATE					
INITIALS					

**TO BE COMPLETED BY SBCERS BEFORE THE DEPARTMENT SEEKS BOARD OF SUPERVISOR APPROVAL**

- NOT RETIRED  RETIRED Retirement Date: \_\_\_\_\_  Safety Plan  General Plan
- Retired *at or above* Normal Retirement Age (General members are ineligible to work for 180 days absent special findings by the employer).
- Retired *below* Normal Retirement Age (General members are ineligible to work for 180 days absent special findings by the employer. All retirees, including safety members, must be separated at least 90 days absent a public emergency).
- Is Eligible to Work EXH, COP or Independent Contractor.  
 Date Eligible to work: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date work to conclude: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Is Not Eligible to Work EXH, COP or Independent Contractor.
- Requires Board of Supervisors findings and approval, or findings or approval of other governing board for non-County employees.

Previous Employer (if applicable) \_\_\_\_\_

Retirement Incentive Type (if applicable) \_\_\_\_\_

COMPLETED BY SBCERS (Print Name):	DATE:	PHONE:	EMAIL:
(Signature):	SBCERS TITLE:		