

REQUEST FOR EXTENSION OF 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 date of hire. 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 HR STAFF

DEPARTMENT 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. Date Employment Began: _____
mm dd yyyy

3. Original Anticipated End Date of Employment: _____
mm dd yyyy

4. New Anticipated End Date of Employment: _____
mm dd yyyy

5. Please describe the special circumstances that require that the post-retirement employment continue beyond a 24-month period.

By executing this Certification, the SBCERS retiree and Department 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 Department Representative

Print Name

Date