

# Exhibit C: Page 1



## 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 [REDACTED]		
Last Name Sinclair	First Name Allan	Middle Initial P
Date of Retirement 03/12/2022	Re-Employment Job Title Deputy Sheriff / <b>Safety Extra Help</b>	
Effective Date of Re-Employment 01/13/2024	Anticipated End Date of Re-Employment 07/13/2025	
Has retiree previously returned to work under a separate SBCERA certification? Yes	If yes, please indicate the date of certification below. 7/16/2022 - 1/12/2024	
Is this an initial request or a request to extend employment beyond 18 consecutive months? <input type="checkbox"/> Initial Request <input checked="" type="checkbox"/> Request to Extend		

### Section 2 Employer Information

Employer Name San Bernardino County Sheriff	
Name of Your Department (If Applicable) Court Services - Desert/Mountain Division	
Phone Number 909-387-5506	
Employer Representative Dave Phelps	Representative's Title Captain



## Returning Retiree Certification

Last Name Sinclair

Page 2 of 10

**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:** ~~07/12/2025~~ 07/13/2025

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.



## Returning Retiree Certification

Last Name Sinclair

Page 3 of 10

## 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:

Sinclair will perform all the duties of a Deputy assigned to Court Services.

Primarily the safety and security of judicial officers and court employees, members of the public conducting court business, and inmates attending hearings related to their cases.

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 Deputy Sheriff

Salary Minimum \$ 41.89 (per hour)

Salary Maximum \$ 57.75 (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?

\$ 57.75 (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.)





## Returning Retiree Certification

Last Name Sinclair

Page 4 of 10

**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?  
Approximately 24 hours per week.
2. What special skills does the SBCERA retiree have to perform the duties of the position?  
Sinclair is a POST certified Deputy Sheriff
3. Why is the re-employment of the SBCERA retiree necessary?  
Court Services Victorville has several deputy position vacancies.
4. If the re-employment is unavoidable or could not have been anticipated, please explain why.  
Ongoing staff shortages are not anticipated to improve.
5. If the agency cannot continue to re-employ the SBCERA retiree, what will it do?  
Without re-employment we must try to fill these vacancies with overtime.
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?  
Without re-employment citizens and court employees security will be reduced.
7. Is anyone else able to do the SBCERA retiree's current job?  
Only another POST certified Deputy Sheriff can fill these positions.
8. What measures is the agency taking to ensure it will have qualified employees on staff when the retiree's extension ends?  
The department is continuously recruiting and hiring new Deputy Sheriffs.
9. If this retiree does not perform the work, will there be a stoppage of public business?  
No.
10. Who would perform this work if the retiree was not available?  
Another Deputy Sheriff sourced from overtime, usually from other stations.
11. Is there anyone else currently working for the agency that can perform these functions?  
Only another POST certified Deputy Sheriff.



## Returning Retiree Certification

Last Name Sinclair

Page 6 of 10

## 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.

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.

**Last Name** Sinclair

## Section 8

## Section 8.1







### 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.





## Returning Retiree Certification

Last Name Sinclair

Page 9 of 10

## 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 1/12/2024 at San Bernardino, California  
Date City, State

X Dave Phelps

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:
  - o 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.
  - o SBCERA will collect retirement contributions from you and your employer on any pay received by you during any period of unlawful re-employment.
  - o You will earn a new retirement benefit during the period of re-employment that was not in compliance with the law.
  - o 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.



## Returning Retiree Certification

Last Name Sinclair

Page 10 of 10

### 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 1/12/2024, at Victorville, Ca.  
Date City, State

☒ Allan Sinclair

Retiree Printed Name

[Redacted Signature]  
Retiree Signature

### RETURN COMPLETED FORM TO:

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

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

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

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

7/13/2025

Accepted and Approved by SBCERA

By:

[Redacted Signature]  
signed on 2/5/2024

Colin Bishop

Printed Name

Its: Chief of Member Services

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.



San Bernardino County Employees'  
Retirement Association

348 W. Hospitality Lane, Suite 100  
San Bernardino, CA 92408

P: 909.885.7980  
E: memberservices@sbcera.org

## CERTIFICATION

### RE-EMPLOYMENT OF SBCERA RETIREE (Limited Duration)

(Pursuant to SBCERA Board Benefits Policy No. 032)

DATE: June 4, 2022

#### EMPLOYER INFORMATION:

Name of EMPLOYER: San Bernardino County Sheriff's Dept. 909-387-5506  
*Name (Area Code & Phone No.)*

Address of EMPLOYER: 655 E. Third Street San Bernanrdino, CA 92415  
*Street City Zip Code*

Employer Representative: Noel Wilterding Captain  
*Name Title*

#### EMPLOYEE INFORMATION:

Name of EMPLOYEE: Allan Paul Sinclair  
*First Middle Last*

Date of Retirement: 03 / 12 / 22 Re-Employment Job Title: Deputy Sheriff

Effective Date of Re-Employment: 07 / 16 / 22 Anticipated End Date: 01 / 12 / 24

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

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

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

2. **Employer:** Please indicate the limit or limits on the duration of the employee's re-employment by selecting the box that applies to the employee. An **anticipated end date** for the re-employment must also be provided.

- ☒ Retiree has special skills/knowledge needed by employer AND employer is actively hiring/recruiting to fill Retiree's position
- ☐ Retiree training replacement

## Exhibit C: Page 12

### Certification re Re-Employment of SBCERA Retiree (Limited Duration) Page 2

- ☐ 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
- ☐ If duration of re-employment will exceed **18 months**, please (1) explain the "extreme necessity" that requires the retiree's return, and (2) explain why the need for the retiree's return either is (a) unavoidable or (b) could not have been anticipated. Please attach additional sheets if necessary for explanation and mark it as "Attachment 1"

---

---

---

- ☐ See additional explanation in Attachment

3. a. **Employer:** Did or will the re-employment commence within 180 days following the date of retirement?

☒ <sup>fm</sup>Yes ☐ No

- b. If you answered YES, to question 3. a., please check any/all of the following that apply:

☒ <sup>fm</sup> The employee 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 before 180 days have passed, and the re-employment has been approved by the governing body of the agency in a public meeting on the non-consent calendar. (Please provide documentation, e.g. meeting agenda and/or, minutes and/or back-up. Label attachment as "Attachment 2.")

4. **Employee:** Has the employee received any unemployment insurance compensation, during the 12 months prior to re-employment, arising out of the prior employment with any SBCERA participating employer?

☐ Yes ☒ No



## Exhibit C: Page 13

**Certification re Re-Employment of SBCERA Retiree (Limited Duration)**  
**Page 3**

5. **Employer** and the **Employee** acknowledge and certify that:

- a. During re-employment, the employee may not work more than 960 hours during any fiscal year (July 1 through the following June 30).
- b. The employee's pay may not be less than the minimum nor more than the maximum paid to other employees performing comparable job duties.

6. **Employer** and **Employee** acknowledge that:

- a. While SBCERA and the Employer will cooperate to facilitate compliance with the terms of Government Code sections 7522.56 and 31680.6, and SBCERA Board Benefits Policy No. 032, compliance is ultimately the employee's responsibility.
- b. Failure to comply with any of the requirements of Government Code sections 7522.56 and 31680.6, as implemented through SBCERA Board Benefits Policy No. 032, may result in any or all of the following consequences, effective on the date that the re-employment ceased to be in compliance:
  - i. The employee's reinstatement to active SBCERA membership;
  - ii. The suspension of the employee's retirement benefit payments effective on the date that the re-employment ceased to be in compliance, which may include the recovery by SBCERA of any benefits improperly received;
  - iii. The collection from both the employee and the employer of retirement contributions on any pay received by the employee during any period of unlawful re-employment; and
  - iv. The employee earning a new retirement benefit during the period of re-employment, pursuant to Government Code section 31680.7; and
  - v. Any other consequence provided by law.

7. **Employer:** The Employer agrees to do at least one of the following (check all that apply):

- ☒ Grant SBCERA staff direct access to the employer's payroll system in a manner that permits SBCERA to determine the number of hours that the employee, and others similarly situated, have worked in a fiscal year; or
- ☒ Provide a report to SBCERA, on a pay-period by pay-period basis, showing the number of hours worked in a given fiscal year by any re-employed retirees who have worked at least 700 hours in a fiscal year.

## Exhibit C: Page 14

### Certification re Re-Employment of SBCERA Retiree (Limited Duration) Page 4

8. **Employer:** The employer agrees to report to SBCERA, by submitting an updated copy of this form:
- a. When any employee's re-employment extends, or is proposed for extension, beyond the stated end-date;
  - b. When any employee's re-employment was originally limited to the completion of a discrete quantity of work or to termination upon some other stated event, and has extended or is proposed to extend beyond that completion or event, with an explanation of the reasons.
9. **Employer and Employee** agree that in addition to the terms and conditions set forth herein, the parties have reviewed and further agree to comply with:
- (1) California Government Code section 7522.56
  - (2) California Government Code section 31680.6
  - (3) SBCERA Board Benefits Policy No. 032

By executing this Certification, Employee and Employer certify that all statements herein are true to the best of their knowledge.

#### EMPLOYEE:

DATED: 6-4-22

Employee ☒ Retiree

Print Name: Quinn D. Sincere

(EMPLOYER - Check if applicable)

☐

We certify that the above named retiree will not be required to perform any of the duties in which the SBCERA Board determined that retiree was permanently incapacitated from performing. We also acknowledge that it is our responsibility to determine that the position the above named 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.

#### EMPLOYER:

DATED: 6/7/22

BY: [Signature]  
Authorized Representative of Employer

Print Name: Noel Wilterding, Captain

## Exhibit C: Page 15

Certification re Re-Employment of SBCERA Retiree (Limited Duration)  
Page 5

### RETURN COMPLETED FORM TO:

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

OFFICE: (909) 387-5787  
FAX: (909) 387-5566

.....  
Expected End Date Approved by SBCERA:

1 / 12 / 2024

### **Accepted and Approved by SBCERA**

DATED: 6/27/2022

BY: \_\_\_\_\_

Print Name: Colin Bishop

Its: Chief of Member Services

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.