



San Bernardino County Employees'  
Retirement Association

348 W. Hospitality Lane, 3rd Flr  
San Bernardino, CA 92408

P: 909.885.1980  
E: memberservices@sbcera.org

## CERTIFICATION

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

(Pursuant to SBCERA Board Benefits Policy No. 032)

DATE: June 17, 2021

#### EMPLOYER INFORMATION:

Name of EMPLOYER: City of Barstow 760-255-5129  
Name (Area Code & Phone No.)  
 Address of EMPLOYER: 220 E. Mountain View Barstow 92311  
Street City Zip Code  
 Employer Representative: Darcy Wigington  
Name

#### EMPLOYEE INFORMATION:

Name of EMPLOYEE: Sidney Ray Hultquist  
First Middle Last  
 Date of Retirement: 08 / 21 / 2017 Re-Employment Job Title: Assistant Chief  
 Effective Date of Re-Employment: 07 / 01 / 2021 Anticipated End Date: 09 / 30 / 2021

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.

12/31/2021  
per Board  
KAC

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
- ☒ Retiree working in a temporary assignment or working on a special project

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- ☐ 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?

☐ Yes ☒ No

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

- ☐ 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

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).

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

- 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 Administration 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 Administration 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.

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;

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

- 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 Administration 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: 6/21/2021

[Redacted Signature]

Employee / Retiree

Print Name: Sid Hultquist

**EMPLOYER:**

DATED: 6/17/2021

[Redacted Signature]

BY: \_\_\_\_\_  
Authorized Representative of Employer

Print Name: DR. Jim HART

**RETURN COMPLETED FORM TO:**

San Bernardino County Employees' Retirement Association  
722-7321

OFFICE: (909) 885-7980 or (877)

Member Services Dept.  
348 W. Hospitality Lane, Third Floor  
San Bernardino, CA 92415

FAX: (909) 885-7446

Expected End Date Approved by SBCERA:

12 / 31 / 2021

**Accepted and Approved by SBCERA**

DATED: 7/2/2021

BY:

[Redacted Signature]  
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.

Eff. 01/09/2020

PL132096 - ALL EMPLOYERS (Not for Use by Co. of SB)

FORM - FILLABLE: PL132756



San Bernardino County Employees'  
Retirement Association

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

P: 909.885.7980  
E: memberservices@sbcera.org

## AUTHORIZATION FORM

### AUTHORIZATION FOR THE EMERGENCY APPOINTMENT OF RETIRED SBCERA MEMBER

DATE: 4/1/2020

#### EMPLOYER INFORMATION:

Name of EMPLOYER: Barstow Fire Protection District 760-256-2254  
Name (Area Code & Phone No.)

Address of EMPLOYER: 861 Barstow Rd Barstow 92311  
Street City Zip Code

Employer Representative: Jamie Williams  
Name

#### EMPLOYEE INFORMATION:

Name of EMPLOYEE: Sidney R Hultquist  
First Middle Last

Date of Retirement: 8/21/2017

Re-Employment Job Title: Assistant Fire Chief

Effective Date of Re-Employment: 3/24/2020

**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.



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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.**

I certify that: (1) I made plans to retire on or about the retirement date listed above, before it was evident that my post-retirement services to my employer were essential during the COVID-19 health crisis; and (2) during the 12-month period prior to my effective date of reemployment I did not receive any unemployment insurance compensation arising out of prior employment subject to Gov't Code sec. 7522.56 with a public employer.

 04/01/2020  
MEMBER SIGNATURE DATE

### EMPLOYER CERTIFICATION

**This section to be completed by the employer.**

I certify that the post-retirement services of the above-named member are essential during the COVID-19 health crisis, and that the retiree qualifies for reemployment under the criteria set forth above.

JAMIE R WILLIAMS   
PRINTED NAME, TITLE SIGNATURE

4/1/20  
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.**



## CERTIFICATION

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

(Pursuant to SBCERA Board Administration Policy No. 015)

DATE: August 26, 2019

#### EMPLOYER INFORMATION:

Name of EMPLOYER: City of Barstow 760 255 5129  
Name (Area Code & Phone No.)

Address of EMPLOYER: 220 E Mountain View St Barstow Ca 92311  
Street City Zip Code

Employer Representative: Darrey Wigington  
Name

#### EMPLOYEE INFORMATION:

Name of EMPLOYEE: Sidney Ray Hultquist [REDACTED]  
First Middle Last (Last 4 Digits SSN)

Date of Retirement: 8/1/2017 Re-Employment Job Title: PT Assistant Chief

Effective Date of Re-Employment: 9/8/2019 Anticipated End Date: 3/1/2021

**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
- ☒ 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

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

3. a. **Employer:** Did or will the re-employment commence within 180 days following the date of retirement?
- ☐ Yes ☒ No
- b. If you answered YES, to question 3. a., please check any/all of the following that apply:
- ☐ 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
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 Administration Policy No. 015, 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 Administration Policy No. 015, may result in any or all of the following consequences, effective on the date that the re-employment ceased to be in compliance:
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- 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;
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- 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
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**Certification re Re-Employment of SBCERA Retiree (Limited Duration)**  
**Page 3**

8. **Employer:** The employer agrees to report to SBCERA, by submitting an updated copy of this form:
- When any employee's re-employment extends, or is proposed for extension, beyond the stated end-date;
  - 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 Administration Policy No. 015

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

**EMPLOYEE:**

DATED: 8/26/2019

Employee / Retiree

Print Name: Sid Hultquist

**EMPLOYER:**

DATED: 8/26/2019

BY:

Authorized Representative of Employer

Print Name: Doreen H. Hultquist

**RETURN COMPLETED FORM TO:**

San Bernardino County Employees' Retirement Association  
Member Services Dept.  
348 W. Hospitality Lane, Third Floor  
San Bernardino, CA 92415

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

Expected End Date Approved by SBCERA:

3, 1, 2021

Accepted and Approved by SBCERA

DATED: 8/30/2019

BY:

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.