

Exhibit D: Page 1



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: September 1, 2022

EMPLOYER INFORMATION:

Name of EMPLOYER: San Bernardino County Sheriff 909-252-4103
Name *(Area Code & Phone No.)*

Address of EMPLOYER: 199 N. Hangar Way, San Bernardino, CA 92415
Street *City* *Zip Code*

Employer Representative: James Mahan Captain
Name *Title*

EMPLOYEE INFORMATION:

Name of EMPLOYEE: Charles Abney
First *Middle* *Last*

Date of Retirement: 11 / 23 / 07 Re-Employment Job Title: Safety Extra Help

Effective Date of Re-Employment: 11 / 01 / 22 Anticipated End Date: 10 / 31 / 23

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

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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?

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

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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.

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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: 9/1/02

Employee / Retiree
Print Name: Charles Abney

(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: 9/12/22

BY: _____
Authorized Representative of Employer
Print Name: James Mahan, Captain

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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:

____/____/____

Accepted and Approved by SBCERA

DATED: _____

BY: _____

Print 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.

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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: 07/17/20

EMPLOYER INFORMATION:

Name of EMPLOYER: San Bernardino County Sheriff's Depart. (909) 252-4100
Name *(Area Code & Phone No.)*

Address of EMPLOYER: 655 E. 3rd Street, San Bernardino CA 92415
Street *City* *Zip Code*

Employer Representative: Robert O'Brine, Sheriff's Captain
Name *Title*

EMPLOYEE INFORMATION:

Name of EMPLOYEE: Charles E. Abney
First *Middle* *Last*

Date of Retirement: 11 / 23 / 07 Re-Employment Job Title: Safety Unit Extra Help

Effective Date of Re-Employment: 07 / 16 / 2011 Anticipated End Date: 10 / 31 / 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.

- 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.
- 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

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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?

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

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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.

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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: 07/17/2020

Employee / Retiree
Print Name: Charles Abney

(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: 07/17/2020

BY: _____
Authorized Representative of Employer
Print Name: Robert O'Brine, Sheriff's Captain

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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:

____/____/____

Accepted and Approved by SBCERA

DATED: _____

BY: _____

Print 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.



CERTIFICATION

RE-EMPLOYMENT OF SBCERA RETIREE (Limited Duration)

(Pursuant to SBCERA Board Administration Policy No. 015)

DATE: July 17, 2019

EMPLOYER INFORMATION:

Name of EMPLOYER: San Bernardino County Sheriff's Department (909) 252-4100
Name (Area Code & Phone No.)

Address of EMPLOYER: 655 E. 3rd Street, San Bernardino CA 92415
Street City Zip Code

Employer Representative: Robert O'Brine, Sheriff's Captain
Name

EMPLOYEE INFORMATION:

Name of EMPLOYEE: Charles E. Abney
First Middle Last (Last 4 Digits SSN)

Date of Retirement: 11 / 23 / 2007 Re-Employment Job Title: Safety Unit Extra Help

Effective Date of Re-Employment: 7 / 16 / 2011 Anticipated End Date: 8 / 31 / 2020

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.

- 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.
- 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

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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:
- 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.

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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:
- 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 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: 7/17/2019

Employee / Retiree
Print Name: Charles Abney

EMPLOYER:

DATED: 7/17/2019

BY: _____
Authorized Representative of Employer
Print Name: Captain Robert O Brine

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: _____

Accepted and Approved by SBCERA

DATED: _____

BY: _____

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.



CERTIFICATION

RE-EMPLOYMENT OF SBCERA RETIREE (Limited Duration)

(Pursuant to SBCERA Board Administration Policy No. 015)

DATE: Feb 25, 2016

EMPLOYER INFORMATION:

Name of EMPLOYER: San Bernardino County Sheriff's Dept
Name (Area Code & Phone No)
Address of EMPLOYER: 655 E. Third St, San Bernardino 92415
Street City Zip Code

EMPLOYEE INFORMATION:

Name of EMPLOYEE: CHARLES EDWIN AONEY
First Middle Last (Area Code & Phone No)

Address of EMPLOYEE: _____
Street City Zip Code

Date of Retirement: 11/23/2007 Effective Date of Re-Employment: 7/16/2011
6/30/2005 dep

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
- Other SKILLS ONLY AVAILABLE AND performed by former AVIATION UNIT employees.

Enter the anticipated end date for the selection above: Aug 2019 (month and year)

See Attachment 1 for further explanation. [Please attach explanation and label as "Attachment 1"]

3. a. Employer: Did or will the re-employment commence within 180 days following the date of retirement? (Note: Question #3, parts (a) and (b), do not apply to employees whose original re-employment date was prior to January 1, 2013.)

- Yes
- No

SCANNED
APR 06 2016

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

- 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? (Note: Question #4, does not apply to employees whose original re-employment date was prior to January 1, 2013.)
- 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:
 - 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.

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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.
 - 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 7522.58
 - (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: 2/25/2016 ✓

Employee / Retiree
TYPE NAME:

EMPLOYER:

DATED: 2/25/2016

BY: _____
Authorized Representative of Employer
TYPE NAME:

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) 387-5666

Expected End Date Approved by SBCERA:

8.31.19

Accepted and Approved by SBCERA

DATED: 2/29/16 ✓

BY: _____
Its: Chief Operating Officer

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.

Certification

RE-EMPLOYMENT OF SBCERA RETIREE (Limited Duration)

Attachment 'A'

Charles Abney is a returning Sheriff's retiree who served in the Sheriff's Aviation Unit for over 20 years.

Charles is able to fly every helicopter currently operated by the Sheriff's Department, as well as *instruct* new and current pilots in aerial fire suppression, mountain rescue, tactical, surveillance and patrol operations.

The Sheriff's Aviation Unit has attempted to recruit experienced pilots of a similar caliber but has experienced a lack of interest, inexperience, inability to meet hiring standards, and little to none knowledge in these specialized mission profiles. **The skills required to perform the mission profiles are extremely complex and require a high degree of technical ability.**

Personnel needed to fill this role require 4-5 years of internal operational experience and must meet FAA commercial certification requirements. Currently, the Aviation Unit has suffered a loss of personnel (attrition), however, is attempting to train future pilots with Charles' credentials.

SCANNED

APR 06 2016