



2nd Extension Request

CERTIFICATION

RE-EMPLOYMENT OF SBCERA RETIREE (Limited Duration)

(Pursuant to SBCERA Board Administration Policy No. 015)

DATE: 5/23/2019

EMPLOYER INFORMATION:

Name of EMPLOYER: San Bernardino County -Dept of Aging & Adult Services 909 891-3922
Name (Area Code & Phone No.)

Address of EMPLOYER: 784 East Hospitality Lane - San Bernardino 92415
Street City Zip Code

Employer Representative: Nancy Solis- District Manager
Name

EMPLOYEE INFORMATION:

Name of EMPLOYEE: Virginia Wilson
First Middle Last (Last 4 Digits SSN)

Date of Retirement: 09 / 21 / 2013 Re-Employment Job Title: Social Worker II

Effective Date of Re-Employment: 07 / 01 / 19 Anticipated End Date: 01 / 01 / 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



Exhibit B: Page 2

Certification re Re-Employment of SBCERA Retirees (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.

8. **Employer:** The employer agrees to report to SBCERA, by submitting an updated copy of this form:

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

PL FILLABLE FORM>108904



Aging and Adult Services

Sharon Nevins
Director
Public Guardian



June 17, 2019

To Whom It May Concern:

Greetings, we are respectfully requesting an extension of re-employment for Virginia Wilson with the Department of Aging and Adult Services as a returning retiree. She has provided an invaluable service and it is a detriment to the program to lose her expertise and locate alternative means and resources at this time.

Currently, the department has experienced increase in workload that requires us to meet state mandated timelines in order to stay in compliance with regulations. In addition, there is a newly developed Statewide Nutrition Program, the CalFresh Expansion. Our department has recently agreed to collaborate with other county agencies and other community based organizations to provide necessary services to clients at risk. The implementation of this new program begins June 1, 2019 and will require specialized skills and training. The intense implementation of this program is to start in June 2019 and go through July 2020.

Our Department has worked continuously on recruitment and hiring to alleviate the current staffing shortages. However, there continues to be a gap which could negatively impact this program.

Her vast experience in County and IHSS job positions makes her a seasoned employee for both programs, as she would require minimal training and oversight.

Respectfully,


Nancy Solis, District Manager

784 E. Hospitality Lane
San Bernardino, CA 92415
909 891-3922

BOARD OF SUPERVISORS

ROBERT A. LOVINGOOD
First District

JANICE RUTHERFORD
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Third District

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JOSIE GONZALES
Vice Chair, Fifth District

Gary McBride
Chief Executive Officer



1st Extension

CERTIFICATION**RE-EMPLOYMENT OF SBCERA RETIREE (Limited Duration)**

(Pursuant to SBCERA Board Administration Policy No. 015)

DATE: May 18, 2018

EMPLOYER INFORMATION:

Name of EMPLOYER: County of San Bernardino - Dept of Aging and Adult Services 909 891-3922
Name (Area Code & Phone No.)

Address of EMPLOYER: 784 East Hospitality Lane San Bernardino 92415
Street City Zip Code

EMPLOYEE INFORMATION:

Name of EMPLOYEE: Virginia Wilson Schuller
First Middle Last (Area Code & Phone No.)

Address of EMPLOYEE:
Street City Zip Code

Date of Retirement: 9 / 21 / 2013 Effective Date of Re-Employment: 07 / 01 / 2018

Anticipated End Date: 06 / 30 / 2019

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

Virginia Wilson

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.

Exhibit B: Page 7

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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: 5-20-18

Employee / Retiree
Print Name: Virginia Wilson Schuller

EMPLOYER:

DATED: 5/21/2018

BY:

Nancy Solis

Authorized Representative of Employer
Print Name: Nancy Solis, District Manager

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:

04, 27, 2019

Accepted and Approved by SBCERA

DATED: 8/3/18

E-

Its:

Craig J. Forino
Managing Trustee

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.



original request

CERTIFICATION

RE-EMPLOYMENT OF SBCERA RETIREE (Limited Duration)

(Pursuant to SBCERA Board Administration Policy No. 015)

DATE: 9-27-17

EMPLOYER INFORMATION:

Name of EMPLOYER: Aging & Adult Services
Name (Area Code & Phone No.)

Address of EMPLOYER: 686 E. Mill St 2nd Flr San Bernardino, CA 92415
Street City Zip Code

EMPLOYEE INFORMATION:

Name of EMPLOYEE: Virginia G. Wilson Schuller
First Middle Last (Area Code & Phone No.)

Address of EMPLOYEE: Street City Zip Code

Date of Retirement: 09/21/2013 Effective Date of Re-Employment: 10, 28, 17 *per dept*

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 _____

Enter the anticipated end date for the selection above: 6/30/2018 (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

NOV 20 2017

Virginia Gail Wilson Sculler

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:

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Page 3

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 - 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: 9-27-17

Employee / Retiree

TYPE NAME:

EMPLOYER:

DATED: 9/27/2017

BY:

Authorized Representative of Employer

TYPE NAME: Nancy Solis

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

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Expected End Date Approved by SBCERA:

6,30,18

Accepted and Approved by SBCERA

DATED: 10/20/17

BY:

Its:

Christie Porter
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.

SCANNED