



RE-EMPLOYMENT OF SBCERA RETIREE (Limited Duration) (Pursuant to SBCERA Board Administration Policy No. 015)

DATE:	5/23/20	19			÷			
EMPLO	YER INFO	RMATIC	DN:					
			70	emardino Cou	nty -Dept of A	ging & A	dult Services 909 891	-3922
Name of	f EMPLOYE	:R:	Name		op op op o		(Area Code & Pho	
Address	of EMPLO	YER:		st Hospitality	Lane - San Be		92415	
			Street	Onlin District	Managan	City		Zip Code
Employe	er Represei	ntative:	Name	Solis- Distric	Manager		-	
EMPLO	YEE INFO	MATI	<u> </u>					
Name o	f EMPLOYE	E:	Virgini	a		Wilson	1	
			First	2012	Middle	Last	(Last 4 Digits SSN	0
Date of	Retirement	09	, 21	,2013		t Job Title:	Social Worker II	
Effective	e Date of Re	e-Empl	oyment:	07 , 01	₁ 19	Anticipat	ted End Date: 01 , 01	, 2021
арр	roval of	this C	ertifica	tion form, Re	tiree's pensio	n benef	commences <u>prior to</u> it may be subject to	
1.	Employer	: Plea	se certify	/ that one or bot	h of the following	g are true	(check all that apply):	
		he re-e usines:		ent of the employ	ee is ne cess ary d	luring an e	mergency to prevent stop	page of public
	V 1	he em	oloyee ha	ıs skills needed to	perform work of	limited dura	ation.	
2.							oyee's re-employment by syment must also be provide	
			nas speci s position		ge needed by emp	oloyer AND	employer is actively hinn	g/recruiting to fill
	□ F	Retiree	raining re	eplacement				
	 ✓ F	Retiree	working ìi	n a temporary as	signment or worki	ng on a sp	eclal project	
				•	seasonal workloa	ad fluctuati	on for period:	to
			_	hort-term vacanc				
	r h	etiree's	retum, antic	nd (2) explain wh	y the need for the	retiree's r	explain the "extreme neces teturn either is (a) unavoid f necessary for explanation	able or (b) could no
	:							
	_							
		see add	itional exp	planation in Attacl	nment		RECEIVED	
Eff. 06/2 PL10888	8/2018 33Co. of SE	3 <u>Only</u>					JUN 1 7 2019	
PL FILL	ABLE FORM	-108904					SBCERA	٦

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

3.	a.	Employer: Did or will the re-employment commence within 180 days following the date of retirement	40
		Yes Vo	ent /
	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 performance of functions regularly performed by a public safety officer or firefighter	the
		The re-employment is necessary to fill a critically needed position before 180 days he passed, and the re-employment has been approved by the governing body of the agency public meeting on the non-consent calendar. (Please provide documentation, e.g. mee agenda and/or, minutes and/or back-up. Label attachment as "Attachment 2.")	in a eting
4.	Emp to re-	vee: Has the employee received any unemployment insurance compensation, during the 12 months apployment, arising out of the prior employment with any SBCERA participating employer?	prior
		Yes Vo	
5.	Empl	er and the Employee acknowledge and certify that:	
	a.	During re-employment, the employee may not work more than 960 hours during any fiscal year through the following June 30).	r (July 1
	b.	The employee's pay may not be less than the minimum nor more than the maximum paid employees performing comparable job duties.	to other
6.	Emple	er and Employee acknowledge that:	
	a.	While SBCERA and the Employer will cooperate to facilitate compliance with the terms of Governme sections 7522.56 and 31680.6, and SBCERA Board Administration Policy No. 015, compliance is ultime employee's responsibility.	int Code Itimately
	b.	Failure to comply with any of the requirements of Government Code sections 7522.56 and 3160 implemented through SBCERA Board Administration Policy No. 015, may result in any or all of the formsequences, effective on the date that the re-employment ceased to be in compliance:	30.6, as ollowing
		i. The employee's reinstatement to active SBCERA membership;	
		The suspension of the employee's retirement benefit payments effective on the date that employment ceased to be in compliance, which may include the recovery by SBCERA benefits improperly received;	the re- of any
		ii. The collection from both the employee and the employer of retirement contributions on a received by the employee during any period of unlawful re-employment; and	iny pay
		 The employee earning a new retirement benefit during the period of re-employment, purs Government Code section 31680.7; and 	uant to
		Any other consequence provided by law.	2
7.	Employ	: The Employer agrees to do at least one of the following (check all that apply):	
	V	Grant SBCERA staff direct access to the employer's payroll system in a manner that permits SBCER, of determine the number of hours that the employee, and others similarly situated, have worked in seal year, or	A a
	V	rovide a report to SBCERA, on a pay-period by pay-period basis, showing the number of hour torked in a given fiscal year by any re-employed retirees who have worked at least 700 hours in a scal year.	8
E# neine	10040		

Eff. 06/28/2018 PL108883 - (Co. of SB <u>Only</u>) PL FILLABLE FORM>108904

- 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; a.
 - 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.
- Employer and Employee agree that in addition to the terms and conditions set forth herein, the parties have 9. reviewed and further agree to comply with:
 - (1) California Government Code section 7522.56
 - 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

EMPLOYEE:		
DATED: 5/23/2019		
		Employee / Rhtiree Print Name: Virginia Wilsom
EMPLOYER:		74-2
DATED: 5/23/2019	BY:	
		Authorized Representative of Employer Print Name: Wancy Soils
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:	
★ EMPERORIAN SHIPMS AS		

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. 06/28/2018 PL108883 - (Co. of SB Only) PL FILLABLE FORM>108904

784 E. Hospitality Lane, San Bernardino, CA 92415-0640 | Phone: 909.891.3917 | Fax: 909.891.9077

www.SBCounty.gov



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



1st Extension

CERTIFICATION

RE-EMPLOYMENT OF SBCERA RETIREE (Limited Duration) (Pursuant to SBCERA Board Administration Policy No. 015)

DATE:	May 18	, 2018					·	•				
EMPLO	YER INF	ORMATI	ON:									
Name o	of EMPLO	YER:	Coun	ty of San Be	rnardin	o - Dept of	Aging and Adult Service	es !	909 89	1-392	2	
			Name	S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100		(Area	(Area Code & Phone No.)			
Address	s of EMPL	OYER:	784 East Hospitality Lan		lity Lan	е	San Bernardino		92415			
			Street				City				Zip Code	7.0
EMPLO	YEE INFO	ORMATI	ON:									
Name o	f EMPLO	YFF.	Virgi	nia			Wilson Schuller					
			First			Middle	Last	(Area	Code 8	2 Phon	e No.)	
Address	of EMPL	OYEE:	-									=0
		0	Street	2012			City	07	.=		Zip Code	
Date of	Retiremen	nt:	, 21	/2013		Effective t	Date of Re-Employment:	07		01	/ 2018	_0
Anticipa	ted End D	ate:	/ 30	/ ²⁰¹⁹								
DI		4- 16-5					Employment comm					(*)
арр 1	Employe	er: Pleas	se cert	lfy that one	or both	n of the fol	ension benefit may lowing are true (check sary during an emergen	all that	apply):	-	
	V	The emp	oloyee t	nas skills ned	eded to	perform wo	ork of limited duration.					
2.	Employe that appli	r: Pleas ies to the	e indica emplo	ite the limit o yee. An <u>ant</u>	or limits Icipated	on the dura	ation of the employee's re for the re-employment m	e-emplo nust also	ymen o be p	t by se rovide:	electing ti d.	he box
		Retiree h Retiree's			owledge	e needed b	y employer AND employ	er is ac	tiveły I	nlring/r	recruiting	to fill
			se training replacement									
	$\overline{}$		working in a temporary assignment or working on a special project									
			ary position due to peak or seasonal workload fluctuation for period:tototo									
			_		•		-4b					
		retiree's	return, en ant	and (2) expl	ain why	the need f	nths, please (1) explain trior the retiree's return eit itional sheets if necess	her is (a	a) una	voldab	le or (b)	could no
	;s	-		WO		-07						
		0		1 " "	4 11 1							E
	_ _	pee addii	ional e	xplanation in	Attachn	nent						
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PL99874 - CO OF SB <u>Only</u>

SCANNED

Virginia Witson

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 re	tirement?
		Yes Vo	
	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 performance of functions regularly performed by a public safety officer or firefighter	is for the
		The re-employment is necessary to fill a critically needed position before 180 of passed, and the re-employment has been approved by the governing body of the a public meeting on the non-consent calendar. (Please provide documentation, e.g. agenda and/or, minutes and/or back-up. Label attachment as "Attachment 2.")	gency in a
4.	Emplo to re-e	yee: Has the employee received any unemployment insurance compensation, during the 12 nnployment, arising out of the prior employment with any SBCERA participating employer?	nonths prior
		☐ Yes ✓ No	
5 .	Emplo	yer and the Employee acknowledge and certify that:	
	э.	During re-employment, the employee may not work more than 960 hours during any fisc through the following June 30).	zal year (July 1
	b.	The employee's pay may not be less than the minimum nor more than the maximum employees performing comparable job duties.	n paid to other
6.	Emplo	er and Employee acknowledge that:	
	â.	While SBCERA and the Employer will cooperate to facilitate compliance with the terms of Go sections 7522.56 and 31680.6, and SBCERA Board Administration Policy No. 015, compliant the employee's responsibility.	vernment Code nce is ultimately
	b.	Failure to comply with any of the requirements of Government Code sections 7522.56 a implemented through SBCERA Board Administration Policy No. 015, may result in any or all consequences, effective on the date that the re-employment ceased to be in compliance:	nd 31680.6, as of the following
		i. The employee's reinstatement to active SBCERA membership;	
		The suspension of the employee's retirement benefit payments effective on the d employment ceased to be in compliance, which may include the recovery by S benefits improperly received;	
		iii. The collection from both the employee and the employer of retirement contribution received by the employee during any period of unlawful re-employment; and	ns on any pay
		iv. The employee earning a new retirement benefit during the period of re-employment Government Code section 31680.7; and	ent, pursuant to
		v. Any other consequence provided by law.	
7.	Employ	er: The Employer agrees to do at least one of the following (check all that apply):	
	V	Grant SBCERA staff direct access to the employer's payroll system in a manner that permits to determine the number of hours that the employee, and others similarly situated, have we fiscal year, or	SBCERA orked in a
	V	Provide a report to SBCERA, on a pay-period by pay-period basis, showing the number worked in a given fiscal year by any re-employed retirees who have worked at least 700 h fiscal year.	
FF. 04	/05/2018	- 2	

EFF. 04/05/2018 PL99874 - CO OF SB <u>Only</u>

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;
 - 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.
- 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: 5-20-18		Employee / Redree Print Name: Virginia Wilson Schuller
EMPLOYER:		Nancy Solls
DATED: 5/8/1/2018	BY:	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	æ- Its:	Managina Trusto
	us.	The state of the s

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. 04/05/2018 PL99874 - CO OF SB Only



RE-EMPLOYMENT OF SBCERA RETIREE (Limited Duration)

				(Pursuant to SB	CERA Board Admir	tistration Policy No. 01	5)				
DATE:		9-	27	-17	_						
EMPL	OYER IN	FORMATIC	ON:								
Name of EMPLOYER: Aging & Adult Services											
warne (DI EIMPL	JTER:	Name				(Area Code & Ph	one No.)			
Addres	s of EMP	LOYER:	686 E	Mill St 2nd Flr		San Bernardino,	CA	92415			
			Street			City		Zip Code			
EMPLO	OYEE IN	ORMATIC	<u> </u>								
Namo	of EMPLO	YFF.	Virgin	úa	G-Wilso	nSchuller					
110,110), CHI E	,	First		Middle	Losi	(Area Code & Ph	one No.)			
Addres	s of EMP	LOYEE:									
			Stroet			City	10 70	Zip Code	per de		
Date of	Retirema	ent: 09/2	1/2013		Effective Date	of Re-Employment	10,28	0111			
)								
1,	Employ	yer: Ploas	e ceru	ly that one or bo	th of the followi	ing are true (check	all that apply):				
		The re-ea	-	ent of the emplo	yee is necessary	during an emergen	cy to prevent stop	ppage of put	vlic		
	X	The emp	loyee h	as skills needed t	to perform work o	f limited duration.					
2.	Employ that app	er: Please dies to the	indica employ	te the limit or limit ree. An <u>anticipa</u> t	s on the duration ed end date for t	of the employee's r	e-employment by rust also be provi	selecting the ded.	box		
					ge needed by en	nployer AND employ	er is actively him	g/recruiting to	o fili		
		Retiree's		n replacement							
	iX.		_	•	signment or work	king on a special pro	iect				
						oad fluctuation for p	•	to			
		Retires fil	lling a s	hort-term vacano	y need						
	\Box	Other ,									
30					5						
		Enter the	entici	pated end date f	or the selection	above: 6/30/2	018 (month ar	ıd ycar)			
		See Attac	ivnent	1 for further explan	nation. [Please at	tach explanation and	l label as "Attachm	ent 17			
3.	a.	Employe (Note: Que prior to Ja	uestion	#3, parts (a) and	ioyment commer (b), do not appi	nce within 180 days by to ensolowees who	se original re-emp	of retirement ployment date	(? Ə was		
		Yes		No		NOV 20	2017				
REV. 11/04/2015 . PL65859 – CO OF S8 RETUS Re-Employment of SBCERA Retirce											

Virginia Gail Wilson Smuller

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

	b.	If you answored 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.	to re-	ee: Has the employee received any unemployment insurance compensation, during the 12 months prior aployment, arising out of the prior employment with any SBCERA participating employer? (Note: 184, does not apply to employees whose original re-employment date was prior to January 1, 2013.)								
		☐ Yes 1 No .								
5.	Empk	er 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 through the following June 30).								
	b,	The employee's pay may not be less than the minimum nor more than the maximum paid to othe employees performing comparable job duties.								
6.	Emplo	er 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 31680.8, and SBCERA Board Administration Policy No. 015, compliance is ultimated the employee's responsibility.								
	b.	Failure to comply with any of the requirements of Government Code sections 7522.56 and 31680.6, a 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 omployee's reinstatement to active SBCERA membership;								
		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 an benefits improperty received;								
		The collection from both the employee and the employer of retirement contributions on any pareceived by the employee during any period of untawful re-employment; and								
		 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.	Emplo	er: The Employer agrees to do at least one of the following (check all that apply):								
×	V	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								
	Ø	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.								

SCANNED

REV, 11/04/2015 PL66859 - CO OF SB

2 0 2017 RET1281 Re-Employment of SBCERA Retires _

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; 8.
 - 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		Employde / Retiroe TYPE NAME:
EMPLOYER:		
DATED: 9/27/2017	BY:	Authorized Representative of Employer TYPE NAME: Nancy Solis
RETURN COMPLETED FORM TO:		Halloy Colle
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:		6,30,18
DATED: 10/20/17	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.

SCANNED

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