

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

(Pursuant to SBCERA Board Administration Policy No. 015)

DATE: 1/16/2020**EMPLOYER INFORMATION:**

Name of EMPLOYER: DEBRA HOLMAN 909-387-3750
Name (Area Code & Phone No.)

Address of EMPLOYER: 655 E THIRD ST., SAN BERNARDINO
Street City Zip Code

Employer Representative: ANGELA HADDAD, COMMUNICATIONS MANAGER
Name

EMPLOYEE INFORMATION:

Name of EMPLOYEE: DEBRA HOLMAN
First Middle Last (Last 4 Digits SSN)

Date of Retirement: 10 / 18 / 2014 Re-Employment Job Title: SH. COMM. DISPATCHER

Effective Date of Re-Employment: 02 / 29 / 2020 KAC Anticipated End Date: 03 / 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 980 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 3

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: 1/14/2020

Employee / Retiree
Print Name: DEBRA HOLMAN

EMPLOYER:

DATED: 01/16/2020

BY: _____
Authorized Representative of Employer
Print Name: ANGELA HADDAD

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: _____

क्र: _____

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.



Interoffice Memo

DATE: January 16, 2020

PHONE: 909-356-3864

FROM: Angela Haddad, Communications Manager
Valley Control Center

KV

TO: Alicia Rangel, Personnel Technicia
Employee Resources

SUBJECT	DEBRA HOLMAN - JUSTIFICATION RECURRENT
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The Communications Division continues to aggressively recruit for Sheriff's Communications Dispatcher positions over the past several years. This has included leaving the position open continuously on the Human Resources website for applications. The department held a massive hiring event in 2018 which resulted in filling some vacancies. However, even with these efforts, we presently have 14 vacant positions which affect our ability to answer emergency 9-1-1 calls within the state standard of 95% in the first 15 seconds. We continue to rely on recurrent dispatchers to assist in fulfilling our emergency dispatch staffing needs.

Debra Holman is a vital component in assisting us in meeting our public safety mandate. Any consideration to retaining her status in employment is greatly appreciated.

Respectfully submitted.

AH

Crook, Kathleen

From: Ruiz, Diana - HR
Sent: Tuesday, January 21, 2020 11:35 AM
To: Crook, Kathleen
Cc: Fisher, Theresa; Vargas, Khristin - HR
Subject: RE: Returning Retirees

Hi Kathy,

Please see below the department's responses. These details will also apply for the SBCERA request on Tamara Novotny-Kaup.

Please see the details regarding SBCERA's questions:

1. a) The Sheriff's Department has held several Mass Interview events for Dispatchers over the past 15 months.
 - The Recruitment for Sheriff's Comm. Dispatcher II and II Trainee have been continuous for at least the past 24 months. The Sheriff's Comm. Dispatcher I Trainee recruitments have been opened at specific times to receive applications for the Mass Interviews. Due to the number of applications received for Dispatcher I Trainee, having a continuous recruitment would be counterproductive due to the number of applications that HR must review.
 - There has been 47 Sheriff's Comm. Dispatchers hired over the past 12 months.
 - There were approximately 370 applicants referred to the Sheriff's Department over the past 12 months.
 - There were approximately 282 applicants interviewed over the past 12 months, approximately 90 applicants of the 370, were no longer interested in interviewing for a positions, no showed to the interview, etc...
- b) The Sheriff's Department Currently has the following positions and number of vacancies:
Sheriff's Comm. Dispatcher I : 46 authorized positions currently 17 vacant positions
Sheriff's Comm. Dispatcher II: 65 authorized positions currently 15 vacant positions
Currently 32 vacant Dispatcher positions and 79 Dispatcher positions are currently filled.
- c) The department just hired 6 Sheriff's Comm. Dispatcher I Trainee's on 1/6/2020 and continue to have additional applicants in backgrounds. The next Sheriff's Dispatch Academy is scheduled for 3/14/2020 and the department will be opening a Sheriff's Comm. Dispatcher I Trainee recruitment with HR in the next week or two to begin the interview and backgrounds process.
- d) If the retiree does not perform this work other staff will be mandated to perform overtime which is in addition to current OT mandates. Due to these being 911 calls, the department must be in compliance with the State of California's Emergency Operations standards for call pick up requirements or risk losing state funding.
- e) If the retiree is not available the shifts must be covered by additional overtime of current staff.

Thank you,

Diana Ruiz
Human Resources Analyst
Human Resources Department
Phone: 909-387-9664
Fax: 909-387-5566
157 West Fifth Street, 1st Floor



Our job is to create a county in which those who reside and invest can prosper and achieve well-being.

www.SBCounty.gov

County of San Bernardino Confidentiality Notice: This communication contains confidential information sent solely for the use of the intended recipient. If you are not the intended recipient of this communication, you are not authorized to use it in any manner, except to immediately destroy it and notify the sender.



From: Crook, Kathleen

Sent: Friday, January 17, 2020 9:15 AM

To: Ruiz, Diana - HR

Vargas, Khristin - HR

Cc: Fisher, Theresa

Subject: RE: Returning Retirees

Importance: High

Diana & Khristin,

Both of these extensions will have to go to the board for approval. Can you have the department answer the additional questions below for both Lori Franklin and Debra Holman . I need their response by Tuesday 1/21/2020 at 12pm in order to include this information in the board packet for February's Board Meeting.

1. Additional questions the department should answer in their explanation:
 - a) Be more specific about what recruitment efforts the department has made, and what future efforts are planned, if any?
 - Indicate if the recruitment for dispatcher is continuous or was only open for a limited period of time.
 - How many positions have been filled in the past year?
 - How many applicants applied in the past year?
 - How many applicants were interviewed in the past year?
 - b) How many dispatchers are currently in this position?
 - c) What measures is the department taking to ensure they will have qualified employees on staff when the retiree's extension ends?
 - d) If the retiree does not perform the work will there be a stoppage of public business?
 - e) Who would perform this work if the retiree is not available?

Kathleen Crook

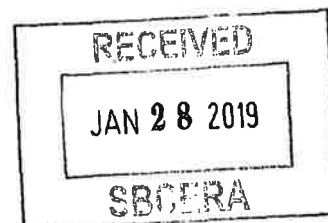
Retirement Benefits Officer



e: _____ | **p:** 909.885.7980 ext. 383 | **f:** 909.884-1904

348 W. Hospitality Lane, Third Floor | San Bernardino, CA 92415-0014

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

(Pursuant to SBCERA Board Administration Policy No. 015)

DATE: January 25, 2019**EMPLOYER INFORMATION:**

Name of EMPLOYER: SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT
Name (Area Code & Phone No.)

Address of EMPLOYER: 1771 MIRO WAY, RIALTO 92376
Street City Zip Code

Employer Representative: PAUL GUILLEN
Name

EMPLOYEE INFORMATION:

Name of EMPLOYEE: DEBRA J. HOLMAN
First Middle Last (Last 4 Digits SSN)

Date of Retirement: 10 / 18 / 2014 Re-Employment Job Title: SHERIFF'S COMMUNICATIONS DISPATCHER II - RECURRENT

Effective Date of Re-Employment: 02 / 06 / 16 Anticipated End Date: 02 / 28 / 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.

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 8

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:
- The employee'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 any benefits improperly received;
 - 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
 - The employee earning a new retirement benefit during the period of re-employment, pursuant to Government Code section 31680.7; and
 - 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 9

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: 1/25/19

Employee / Retiree
Print Name: DEBRA HOLMAN

EMPLOYER:

DATED: 1/25/19

BY: PAUL GUILLEN
Authorized Representative of Employer
Print Name: PAUL GUILLEN

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:

02, 28, 2020

Accepted and Approved by SBCERA

DATED: 2/9/2019

BY: Kathleen A. Cook

Its: Retirement Benefits 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.



Interoffice Memo

DATE: December 27, 2018

PHONE: (909) 356-3864

FROM: Paul Guillen, Sheriff's Communications Manager
Valley Control Center

A handwritten signature in black ink, appearing to be "Paul Guillen", with a horizontal line extending to the right.

TO: Alicia Rangel, Personnel Technician
Employee Resources

SUBJECT	Debra Holman - Justification Recurrent
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The Communications Division continues to aggressively recruit Sheriff's Communications Dispatcher II's positions over the past year. This has included leaving the position open continuously on the Human Resources website for applications. The department also held a first-ever, one-day hiring event at California State University of San Bernardino in October 2018. Even with these efforts, we presently have 17 vacant positions which affect our ability to answer emergency 9-1-1 calls in the state standard of 95% in the first 15 seconds. We continue to rely on recurrent dispatchers to assist us in fulfilling our emergency dispatch staffing needs.

Debra Holman is a vital component in assisting us in meeting our public safety mandate. Any consideration to retaining her status in employment is greatly appreciated.

Respectfully submitted.



CERTIFICATION

RE-EMPLOYMENT OF SBCERA RETIREE (Limited Duration)

(Pursuant to SBCERA Board Administration Policy No. 015)

DATE January 28, 2018

EMPLOYER INFORMATION

Name of EMPLOYER SAN BERNARDINO COUNTY SHERIFF'S DEPT
Name (Area Code & Phone No)

Address of EMPLOYER 1771 MIRO WAY, RIALTO 92376
Street City Zip Code

EMPLOYEE INFORMATION

Name of EMPLOYEE DEBRA J HOLMAN
First Middle Last (Area Code & Phone No)

Address of EMPLOYEE _____
Street City Zip Code

Date of Retirement 10 / 18 / 2014 Effective Date of Re-Employment 02 / 06 / 2016

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 See Attachment

Enter the anticipated end date for the selection above 02/2020 (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

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
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- i The employee's reinstatement to active SBCERA membership
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- 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

Certification re Re-Employment of SBCERA Retiree (Limited Duration)
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 1/31/18

Employee / Retiree
TYPE NAME DEBRA HOLMAN

EMPLOYER

DATED 1/26/2018

BY _____
Authorized Representative of Employer
TYPE NAME KIMBERLY TURNER

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

2, 5, 19

Accepted and Approved by SBCERA

DATED 3/9/18

BY Christie Holman
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.



Interoffice Memo

DATE December 6, 2017

PHONE (909) 356-3864

FROM Kimberly Turner Communications Manager
Information Services Division

TO Alicia Rangel
Employee Resources

SUBJECT	Debra Holman - Justification Recurrent
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Historically, the Communications Division has experienced difficulty in recruiting and retaining Sheriff's Communications Dispatcher II positions. Presently, we have 26 vacant positions which affect our ability to answer 9-1-1 calls in the state standard of 95% in the first 15 seconds. Operationally, we rely on recurrent dispatchers to assist us in fulfilling our emergency dispatch staffing needs.

Debra Holman is a vital component in assisting us in meeting our public safety mandate. Any consideration to retaining her recurrent status employment is greatly appreciated.

Respectfully submitted