



CERTIFICATION

RE-EMPLOYMENT OF SBCERA RETIREE (Limited Duration)

(Pursuant to SBCERA Board Benefits Policy No. 032)

DATE: February 24, 2020

EMPLOYER INFORMATION:

Name of EMPLOYER: County of San Bernardino 909-387-5425
Name (Area Code & Phone No.)

Address of EMPLOYER: 385 N. Arrowhead Avenue, 5th Floor 92415
Street City Zip Code

Employer Representative: Leonard X. Hernandez, County Chief Operating Officer
Name

EMPLOYEE INFORMATION:

Name of EMPLOYEE: Sandra J. Harmsen
First Middle Last (Last 4 Digits SSN)

Date of Retirement: 09 / 17 / 2016 **Re-Employment Job Title:** Dir, Workforce Dev. Dept

Effective Date of Re-Employment: 03 / 28 / 2020 **Anticipated End Date:** 03 / 27 / 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"

The need for this re-employment request is explained in Attachment 1.

☒ See additional explanation in Attachment

Exhibit B: Page 2

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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 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:
- 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 3

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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: February 24, 2020

Employee / Retiree
Print Name: Sandra J. Harmsen

EMPLOYER:

DATED: February 24, 2020

BY:

Authorized Representative of Employer
Print Name: Leonard A. Hernandez

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) 387-5588

Expected End Date Approved by SBCERA:

Accepted and Approved by SBCERA

DATED:

BY:

Colin Bishop
Chief of Member Services

Approval of this form by SBCERA entitles Employer and Employee to the conclusive presumption that the re-employment has commenced lawfully, so long as all statements made herein are true. A copy will be returned to the Employer and Employee.



Interoffice Memo

DATE: February 24, 2020

A handwritten signature in blue ink, appearing to read "Leonard X. Hernandez".

PHONE: 909-387-5425

FROM: **LEONARD X. HERNANDEZ**, County Chief Operating Officer
County Administrative Office

TO: **DEBBY CHERNEY**, Chief Executive Officer
San Bernardino County Employees' Retirement Association

SUBJECT: **RETURNING RETIREE- SANDRA HARMSSEN,**

On December 3, 2018, the Workforce Development Department (WDD) hired an Assistant Director to provide administrative oversight of the department and support the Workforce Development Board (WDB). Unfortunately, the Assistant Director resigned effective February 21, 2020 and two administrative supervisors resigned within the last two weeks, with the lead fiscal position set to be vacant in the next two weeks. The departure of these key employees has significantly impacted the leadership of the department and has lost the institutional knowledge critical to the sustainability of the County's distinction as a local workforce area and the success of Workforce Innovation and Opportunity Act (WIOA) mandated projects and funding.

The County's Human Resources department has been working closely with the County Administrative Office and the Workforce Development Board to recruit a Director of Workforce Development. The recruitment was released on January 22, 2020 and continues through February 28, 2020 or continuously until filled. To date, County recruiters have sought workforce professionals throughout the state of California and nationally by networking with major workforce associations and industry leaders to identify top candidates for this critical and uniquely situated role. Recruitment efforts will continue in earnest by engaging candidates via one-on-one meetings, direct mail, industry-related job boards, LinkedIn and other social media networking sites. So far, these efforts have yielded nine (9) viable candidates and we will continue until this position is filled appropriately.

Due to these extenuating circumstances, we respectfully request approval to return Mrs. Sandra Harmsen on a part-time basis to provide oversight to departmental restructuring and operations while ensuring WIOA mandated projects are successfully managed and executed. Mrs. Harmsen's knowledge and expertise adhering to federal and state regulations and compliance is critical to the sustainability of workforce projects during this transition. Mrs. Harmsen is a proven leader that brings years of expertise and established relationships with the WDB to effectively balance and manage the needs of both the department and the WDB. At this time, there is no other viable option to perform these critical duties and without support could leave the department in peril, seriously impacting the service level provided to San Bernardino County residents, employers and investors.



CERTIFICATION

RE-EMPLOYMENT OF SBCERA RETIREE (Limited Duration)

(Pursuant to SBCERA Board Administration Policy No. 015)

DATE: August 8, 2018

EMPLOYER INFORMATION:

Name of EMPLOYER: Reg Javier 909-387-4460
Name (Area Code & Phone No.)

Address of EMPLOYER: 385 N. Arrowhead Ave., Third Floor San Bernardino 92415
Street City Zip Code

EMPLOYEE INFORMATION:

Name of EMPLOYEE: Sandra J. Harmsen
First Middle Last (Area Code & Phone No.)

Address of EMPLOYEE: Street City Zip Code

Date of Retirement: 09 / 27 / 2018 Effective Date of Re-Employment: 09 / 28 / 2018

Anticipated End Date: 09 / 27 / 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"

The need for this second re-employment request is explained in Attachment 1.

- ☒ See additional explanation in Attachment

Exhibit B: Page 6

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: 8-8-18

Employee / Retiree
Print Name: Sandra J. Harmsen

EMPLOYER:

DATED: 8-17-18

BY:

Authorized Representative of Employer
Print Name: REG JAVIER

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:

09/27/2019

Accepted and Approved by SBCERA

DATED: 9/6/2018

BY:

Christie L. Porter

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.

SAN BERNARDINO
COUNTY

Interoffice Memo

DATE: August 17, 2018

PHONE: 909-387-4460

FROM: REG JAVIER, Deputy Executive Officer
Economic Development Agency

TO: SBCERA

SUBJECT: EMPLOYMENT CONTRACT EXTENSION – S. HARMSSEN

Sandra Harmsen is currently employed as a part-time contract Project Executive to assist with the Workforce Development Department (WDD) and Workforce Innovation and Opportunity Act (WIOA) mandated projects, and departmental restructuring and operations. Ms. Harmsen brings years of expertise to WDD and the critical nature of her work requires knowledge and experience. The structure of the department includes its own governing board, the Workforce Development Board (WDB). Ms. Harmsen sits on the WDB and has established relationships with the other members and stakeholders, which is crucial to the success of the department. Ms. Harmsen is familiar with the intricacies of the WDB and how to incorporate the needs and goals of both the board and WDD.

Since September 2017, there has been an active recruitment for the Director position for WDD. During this recruitment, several executive leaders from across the country have been sought out, have visited the county, and have shown interest in the position. The individuals involved in this recruitment are top workforce directors who would bring a wealth of experience and knowledge to the department and the county. Each candidate carefully weighed the options of accepting the position, which required two to three months to intelligently make a decision. After much consideration, each candidate selected not to accept the position due to various reasons, such as compensation and salary rate, the challenge of relocating from other parts of the country, and personal reasons. Due to each candidate taking approximately three months to make a decision, the recruitment attempts have been lengthy and time consuming.

Finding the right candidate who can handle the capacity of the work including working with the WDB is a difficult and delicate process. It is imperative that the candidate is able to successfully take on the big projects that the department is currently undertaking.

As a result of the difficulties in recruiting an experienced workforce development executive leader, the strategy to fill this position has been adjusted and altered. Candidates who currently have a high-level capacity, but no workforce experience are now being sought after. There are currently two candidates who are considering accepting leadership positions within WDD and we are confident that they will accept the positions offered. These individuals are not seasoned directors, however, they have a general understanding of workforce and they have the capacity to learn, grow, and develop into a great director. Neither of the two interested candidates will be available to accept a position until late November 2018 or early December 2018. It is necessary that we provide time for the candidates to elect to accept the position, to relocate, and for training. As a result, Ms. Harmsen's experience and knowledge will be required and her additional time as a contractor will be spent training and mentoring the new WDD leaders. Having Ms. Harmsen on

**EMPLOYMENT CONTRACT EXTENSION – S. HARMSSEN
AUGUST 10, 2018
PAGE 2 OF 2**

board throughout this process is critical to maintaining the current leadership and level of expectation as well as to provide proper training.

The assistance of Ms. Harmsen is also critical because the current Deputy Executive Officer (DEO) of the Economic Development Agency (EDA) is filling two full-time, high level positions; DEO and Director of WDD. In order to sustain the top level work in both departments, the DEO requires the assistance of Ms. Harmsen as the interim Director of WDD.

RJ:sr

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

(Pursuant to SBCERA Board Administration Policy No. 015)

DATE February 28, 2018**EMPLOYER INFORMATION**

Name of EMPLOYER County of San Bernardino (909) 387-4395
Name (Area Code & Phone No)

Address of EMPLOYER 385 N Arrowhead Avenue, 3rd Floor San Bernardino 92415
Street City Zip Code

EMPLOYEE INFORMATION

Name of EMPLOYEE Sandra Harmsen
First Middle Last (Area Code & Phone No)

Address of EMPLOYEE Street City Zip Code

Date of Retirement 09 / 17 / 2016 Effective Date of Re-Employment 09 / 27 / 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** Retiree is assisting with organizational restructuring and helping to build capacity of the leadership team through training, mentorship, coaching and guidance while we continue our search/recruitment of a new Executive Director

Enter the anticipated end date for the selection above September 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

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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

Exhibit B: Page 12

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 2/28/18

Employee / Retiree
TYPE NAME

EMPLOYER

DATED 4/28/18

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) 387-5566

Expected End Date Approved by SBCERA

9/30/18

Accepted and Approved by SBCERA

DATED 3/7/18

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.