



San Bernardino County Employees'
Retirement Association

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CERTIFICATION

RE-EMPLOYMENT OF SBCERA RETIREE (Limited Duration)

(Pursuant to SBCERA Board Benefits Policy No. 032)

DATE: 08/31/2019

EMPLOYER INFORMATION:

Name of EMPLOYER:	District Attorney's Office	760-243-8600
	<i>Name</i>	<i>(Area Code & Phone No.)</i>
Address of EMPLOYER:	14455 Civic Drive, Ste 300	Victorville 92392
	<i>Street</i>	<i>City Zip Code</i>
Employer Representative:	Bonnie Sundvall	SOA
	<i>Name</i>	<i>Title</i>

EMPLOYEE INFORMATION:

Name of EMPLOYEE:	Linda	Maese
	<i>First</i>	<i>Middle Last</i>
Date of Retirement:	<u>12 / 25 / 2015</u>	Re-Employment Job Title: <u>PSE</u>
Effective Date of Re-Employment:	<u>08 / 31 / 2019</u>	Anticipated End Date: <u>05 / 08 / 2020</u>

Please note, if Retiree's Effective Date of Re-Employment commences prior to SBCERA's approval of this Certification form, Retiree's pension benefit may be subject to suspension.

1. **Employer:** Please certify that one or both of the following are true (check all that apply):

- ☐ The re-employment of the employee is necessary during an emergency to prevent stoppage of public business
- ☒ The employee has skills needed to perform work of limited duration.

2. **Employer:** Please indicate the limit or limits on the duration of the employee's re-employment by selecting the box that applies to the employee. An anticipated end date for the re-employment must also be provided.

- ☐ Retiree has special skills/knowledge needed by employer AND employer is actively hiring/recruiting to fill Retiree's position
- ☐ Retiree training replacement

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- ☒ Retiree working in a temporary assignment or working on a special project
- ☐ Temporary position due to peak or seasonal workload fluctuation for period:
_____ to _____
- ☐ Retiree filling a short-term vacancy need
- ☐ If duration of re-employment will exceed **18 months**, please (1) explain the "extreme necessity" that requires the retiree's return, and (2) explain why the need for the retiree's return either is (a) unavoidable or (b) could not have been anticipated. Please attach additional sheets if necessary for explanation and mark it as "Attachment 1"

- ☐ See additional explanation in Attachment

3. a. **Employer:** Did or will the re-employment commence within 180 days following the date of retirement?

☐ Yes ☒ No

- b. If you answered YES, to question 3. a., please check any/all of the following that apply:

☐ The employee is a public safety officer or firefighter, and the re-employment is for the performance of functions regularly performed by a public safety officer or firefighter

☐ The re-employment is necessary to fill a critically needed position before 180 days have passed, and the re-employment has been approved by the governing body of the agency in a public meeting on the non-consent calendar. (Please provide documentation, e.g. meeting agenda and/or, minutes and/or back-up. Label attachment as "Attachment 2.")

4. **Employee:** Has the employee received any unemployment insurance compensation, during the 12 months prior to re-employment, arising out of the prior employment with any SBCERA participating employer?

☐ Yes ☒ No

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5. **Employer and the Employee** acknowledge and certify that:
- a. During re-employment, the employee may not work more than 960 hours during any fiscal year (July 1 through the following June 30).
 - b. The employee's pay may not be less than the minimum nor more than the maximum paid to other employees performing comparable job duties.
6. **Employer and Employee** acknowledge that:
- a. While SBCERA and the Employer will cooperate to facilitate compliance with the terms of Government Code sections 7522.56 and 31680.6, and SBCERA Board Benefits Policy No. 032, compliance is ultimately the employee's responsibility.
 - b. Failure to comply with any of the requirements of Government Code sections 7522.56 and 31680.6, as implemented through SBCERA Board Benefits Policy No. 032, may result in any or all of the following consequences, effective on the date that the re-employment ceased to be in compliance:
 - i. The employee's reinstatement to active SBCERA membership;
 - ii. The suspension of the employee's retirement benefit payments effective on the date that the re-employment ceased to be in compliance, which may include the recovery by SBCERA of any benefits improperly received;
 - iii. The collection from both the employee and the employer of retirement contributions on any pay received by the employee during any period of unlawful re-employment; and
 - iv. The employee earning a new retirement benefit during the period of re-employment, pursuant to Government Code section 31680.7; and
 - v. Any other consequence provided by law.
7. **Employer:** The Employer agrees to do at least one of the following (check all that apply):
- ☒ Grant SBCERA staff direct access to the employer's payroll system in a manner that permits SBCERA to determine the number of hours that the employee, and others similarly situated, have worked in a fiscal year; or
 - ☒ Provide a report to SBCERA, on a pay-period by pay-period basis, showing the number of hours worked in a given fiscal year by any re-employed retirees who have worked at least 700 hours in a fiscal year.

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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: 8/31/2019

Employee / Retiree

Print Name: LINDA MAESE

(EMPLOYER - Check if applicable)



We certify that the above named retiree will not be required to perform any of the duties in which the SBCERA Board determined that retiree was permanently incapacitated from performing. We also acknowledge that it is our responsibility to determine that the position the above named retiree will fill meets the work restrictions set forth by the retiree's physician and such determination will be done through an Interactive Process (IAP) conducted with retiree.

EMPLOYER:

DATED: 08/31/2019

BY: _____

Print Name: Bonnie L. Sundvall