



San Bernardino County Employees'
Retirement Association

348 W. Hospitality Lane, 3rd Flr.
San Bernardino, CA 92408

P: 909.885.1980
E: memberservices@sbcera.org

CERTIFICATION

RE-EMPLOYMENT OF SBCERA RETIREE (Limited Duration)

(Pursuant to SBCERA Board Benefits Policy No. 032)

DATE: 9/2/2020

EMPLOYER INFORMATION:

Name of EMPLOYER: San Bernardino County - Children and Family Services
Name (Area Code & Phone No.)

Address of EMPLOYER: 150 S. Lena Rd. San Bernardino CA 92415
Street City Zip Code

Employer Representative: Adam Arentz
Name

EMPLOYEE INFORMATION:

Name of EMPLOYEE: Carol Sittig
First Middle Last

Date of Retirement: 03 / 16 / 2018 Re-Employment Job Title: CWSM

Effective Date of Re-Employment: 11 / 11 / 2020 Anticipated End Date: 11 / 10 / 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

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☐ 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

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).

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- 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.

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;

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- b. When any employee's re-employment was originally limited to the completion of a quantity of work or to termination upon some other stated event, and has extend 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 p 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 their knowledge.

EMPLOYEE:

DATED:

9-6-2020

Employee / Retiree

Print Name:

Carol Ann Sitt

EMPLOYER:

DATED:

10/13/20

BY:

Authorized Representative of Employer

Print Name:

Jonathan Byers

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:

Colin Bishop

Its:

Chief of Member Services

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



Interoffice Memo

DATE: September 22, 2020

PHONE: 909-387-2792

FROM: Marlene Hagen, Director
Children and Family Services

A handwritten signature in black ink, appearing to be "MH", with the word "For" written in cursive to the right.

TO: Board of Retirement of San Bernardino County Employees' Retirement Association

SUBJECT	Returning Retiree Certification Extension Request
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Children and Family Services is requesting an extension for returning retiree Carol Sittig. CFS has need of Carol's previous experience as a Child Welfare Services Manager. This experience will be utilized to help fill in for a recently vacated CWSM position at our Placement Resources Division, where Carol is currently assigned. Due to current budget constraints, CFS is unable to recruit for and fill this vacant position. Carol will be responsible for the management of four social worker units at PRD. It is CFS's intent to have Carol fill in for this vacancy until we are able to recruit and fill it.

Respectfully Submitted

MH; aa

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From: [Arentz, Adam](#)
To: [Crook, Kathleen](#)
Cc: [Ruiz, Diana - HR](#)
Subject: RE: Returning Retiree Extension
Date: Tuesday, October 13, 2020 12:04:26 PM
Attachments: [image001.png](#)
[image002.png](#)
[SKM_654e20101312170.pdf](#)

Good Morning

Please see attached scan of sign document.

Answers to your questions are below in red.

Thanks

Adam J. Arentz
Staff Analyst II
Children and Family Services - Admin
Phone: 909-388-0258
Cell: 442-251-4919
Fax: 909-388-0233
150 S. Lena Rd.
San Bernardino CA 92415-0515



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www.SBCounty.gov

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From: Crook, Kathleen <kcrook@sbcera.org>
Sent: Friday, October 9, 2020 11:05 AM
To: Arentz, Adam <Adam.Arentz@hss.sbcounty.gov>
Cc: Ruiz, Diana - HR <Diana.Ruiz@hr.sbcounty.gov>
Subject: RE: Returning Retiree Extension
Importance: High

Adam,

Can you answer the following questions to supplement the extension request. I am preparing the board item now.

1. Additional questions the department should answer in their explanation:
 - a) When was the CWSM position vacated? **8/15/2020**
 - b) When will CFS be able to recruit and fill the vacant position? **Unknown due to current budget constraints that have resulted in a slowdown in approvals to fill vacancies.**

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- c) Are any current staff able to temporarily fill the vacant position? **No**
- d) What measures is the department taking to ensure they will have qualified employees on staff when the retiree's extension ends? **CFS is continuing to work with the CEO's office to get approval to fill this vacancy.**
- e) If the retiree does not perform the work will there be a stoppage of public business? **Absence of this position being filled will reduce the department's ability to adequately serve children and families in the community.**
- f) Who would perform this work if the retiree is not available? **CFS would shift work and responsibility to other managers within the department however CFS feels this would lead to some duties going unfulfilled.**
- g) How many hours a week does Ms. Sittig work? **10-15**
- h) What special skills does Ms. Sittig have to perform the duties of the position? **Ms Sittig brings 19+ years as a CWSM with CFS to this position.**
- i) How is Ms. Sittig's re-employment necessary to enable the employer to continue effective operation? **Having Ms. Sittig onboard will prevent the above mentioned shuffling of duties and responsibilities to other managers and will allow each manager to focus on their programs and prevent any lapse in CFS's ability to serve children and families.**
- j) Describe the circumstances which makes the extreme necessity, if unavoidable or could not have been anticipated to extend Ms. Sittig's re-employment. **Previous CWSM in this position left CFS with little advanced notice.**

Also, the Employer Representative needs to sign the form below Carol's signature.

Kathleen A. Crook
Retirement Benefits Officer



San Bernardino County Employees'
Retirement Association

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From: Arentz, Adam <Adam.Arentz@hss.sbcounty.gov>

Sent: Tuesday, September 22, 2020 1:23 PM

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To: Crook, Kathleen <kcrook@sbcera.org>
Cc: Ruiz, Diana - HR <Diana.Ruiz@hr.sbcounty.gov>
Subject: Returning Retiree Extension

Good Afternoon

Please see attached and let me know if you need anything additional.

Thanks

Adam J. Arentz

Staff Analyst II

Children and Family Services - Admin

Phone: 909-388-0258

Cell: 442-251-4919

Fax: 909-388-0233

150 S. Lena Rd.

San Bernardino CA 92415-0515



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