



CERTIFICATION

RE-EMPLOYMENT OF SBCERA RETIREE (Limited Duration)

(Pursuant to SBCERA Board Administration Policy No. 015)

DATE: October 21, 2019

EMPLOYER INFORMATION:

Name of EMPLOYER: San Bernardino County Sheriff's Department (909)252-4100
Name (Area Code & Phone No.)

Address of EMPLOYER: 655 E. Third Street San Bernardino 92415
Street City Zip Code

Employer Representative: Rober O'Brine, Sheriff's Captain
Name

EMPLOYEE INFORMATION:

Name of EMPLOYEE: James M. Ells
First Middle Last (Last 4 Digits SSN)

Date of Retirement: 03 / 16 / 2019 **Re-Employment Job Title:** Safety Unit Extra Help

Effective Date of Re-Employment: ~~12~~ / ~~07~~ / ~~2019~~ **Anticipated End Date:** ~~06~~ / ~~07~~ / ~~2021~~
3/14/2020 KAC 9/14/2021 KAC

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

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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 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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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 31880.6
 - (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: 10/23/19

Employee / Retiree
Print Name: James M. Ellis

EMPLOYER:

DATED: 10/23/19

BY:

Authorized Representative of Employer
Print Name: Robert O Brine

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:

6, 7, 2021

9/14/2021 KAC Adjustment
approved by CB on 6/2/2021

Accepted and Approved by SBCERA

DATED: 11/25/19

BY:

Its:

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: May 19, 2021

PHONE: 909-252-4101

FROM: Robert Boyd, Captain
Emergency Operations Division

TO: Kathleen Crook, Retirement Benefits Officer
SBcera

SUBJECT	James Ells - Certification Modification
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Per your conversation with Sheriff's Secretary Katherine Longhetti, I would like to submit this request for a modification on James Ells' original Certification form for Re-Employment of SBCERA Retiree.

The effective date of re-employment 12/07/2019 was entered, but he was not actually coded into EMACS as an employee until pay period 08/20 effective 03/14/2020. This was due to that fact of a combination of events, such as he was not able to see the County doctor until 1/22/2020 and he was not able to meet with and sign the HR Department's Reasonable Accommodation-Interactive Process form until 02/21/2020.

I am requesting that you can accommodate the modified date of Re-Employment date of *March 14, 2020* and Anticipated End Date of *September 14, 2021* due to the delay caused by these events.

Would you mind also mailing James Ells a new letter regarding his new pay period ending date once this has been approved?

Thank you for your help in this matter.

Approved thru 9/14/2021 see attached email from
Colin Bishop dated 6/2/2021

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From: [Colin Bishop](#)
To: [Kathleen Crook](#)
Cc: [Theresa Fisher](#)
Subject: RE: James Ells Returning Retiree Certification Dates Modified
Date: Wednesday, June 02, 2021 9:03:38 AM
Attachments: [image001.png](#)

Sounds good, approved.

Colin Bishop

Chief of Member Services



348 W. Hospitality Lane, Suite 100
San Bernardino, CA 92408
P: 909.763.4386
C: 510.717.9927
E: cbishop@sbcera.org

From: Kathleen Crook <kcrook@sbcera.org>
Sent: Wednesday, June 2, 2021 9:02 AM
To: Colin Bishop <cbishop@sbcera.org>
Cc: Theresa Fisher <tfisher@sbcera.org>
Subject: James Ells Returning Retiree Certification Dates Modified

Colin,

James Ells' returning retiree certification was originally approved from 12/7/19 – 6/7/21. The Department has asked for a modification to the dates because James did not actually start working until 3/14/2020. Attached is a memo from the Department requesting the 18-month re-employment dates be modified as follows:

Start Date: 3/14/2020
End Date: 9/14/2021

The total employment period would still remain 18-months.

Please let me know if this modification is approved.

Kathleen A. Crook

Retirement Benefits Officer



San Bernardino County Employees'
Retirement Association

348 W. Hospitality Lane, Suite 100

San Bernardino, CA 92408

W: 909.326.0352 (Direct Line)

W: 909.885.7980 Ext. 1383

F: 909.884.1904

E: kcrook@sbcera.org

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