



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

RETURNING RETIREE

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name
Proposed Job Title		Department
Proposed Re-Hire Date	Proposed Pay Rate	Proposed Pay Range (if applicable)
Proposed No. of Working Hours Per Pay Period	Appointment Type	
	<input type="checkbox"/> Extra-Help <input type="checkbox"/> Recurrent <input type="checkbox"/> Contract	

DESCRIPTION OF WORK DUTIES

SUPERVISORY DUTIES

1a. The returning retiree will perform supervisory duties:	1b. The returning retiree will perform lead duties:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes to 1a or 1b, list the employees supervised or led by class title:	

ESSENTIAL DUTIES

Essential Duties: Please describe essential duties the returning retiree will be performing. Avoid vague or general terms such as "assists," "handles," and "is responsible for."

Percentage of Time: In the second column below, indicate the approximate percentage of time spent performing each specific duty (please make sure the total percentage of time does not exceed 100%).

Essential Duties	% of Time
Total Percentage	100%

RETURNING RETIREE SECTION
To be completed by Returning Retiree

Retirement Date	Position Held at Retirement
------------------------	------------------------------------

SBCERA retired members must wait 180 days from their date of retirement before returning to work for San Bernardino County, except under the following conditions:

- If the employer can certify it is necessary to fill a critically needed position and the hiring has been approved by the Board of Supervisors in an open meeting on the discussion calendar;
- If the retiree retired as a public safety officer or firefighter, and is returning as a public safety officer or firefighter.

The exceptions do not apply if the retiree accepted a retirement incentive upon retirement.

<p>Are you an SBCERA retired member currently receiving retirement benefits?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If you are not receiving retirement benefits from SBCERA, are you planning on applying for retirement benefits?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If you are planning on applying for retirement benefits, please indicate when you intend to apply (month and year)</p>
--	--	--

During his or her employment, the retiree shall be paid at a rate not less than the minimum nor greater than the maximum rate paid by the County to other employees performing comparable duties.

Any retired person, who has received unemployment insurance compensation resulting from prior public agency employment, is eligible to be employed after 12 months from the date that unemployment benefits ceased.

<p>Have you applied for retirement benefits <u>and</u> received unemployment insurance resulting from prior public agency employment during the 12-month period prior to this appointment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--

I have read and understand the provisions listed above and I certify that the statements made herein are accurate and complete.

Employee Signature	Date
---------------------------	-------------

Hiring Manager (Print & Sign)	Telephone	Date
--	------------------	-------------

Appointing Authority (Print & Sign)	Date
--	-------------

Office Use Only

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Human Resources Business Partner (Print & Sign)	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Employee Benefits and Services (Print & Sign)	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Employment Division (Print & Sign)	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Director of Human Resources (HR) Signature	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Chief Executive Officer Signature (required if Director of HR is appointing authority)	Date

This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.