



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

# RETURNING RETIREE

Initial                      Extension                      Salary Adjustment

**Section 1**

*Must print in Black or Blue ink ONLY*

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

*ONLY complete section 2 if new request.*

**Section 2**

**DESCRIPTION OF WORK DUTIES**

**SUPERVISORY DUTIES**

1a. The returning retiree will perform <b>supervisory</b> duties:	1b. The returning retiree will perform <b>lead</b> 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
<b>Total Percentage</b>	<b>100%</b>

**RETURNING RETIREE SECTION**

To be completed by Returning Retiree

**Section 3**

<b>Retirement Date</b>	<b>Position Held at Retirement</b>
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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><b>Are you an SBCERA retired member currently receiving retirement benefits?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p><b>If you are not receiving retirement benefits from SBCERA, are you planning on applying for retirement benefits?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p><b>If you are planning on applying for retirement benefits, please indicate when you intend to apply (month and year)</b></p>
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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><b>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?</b></p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>
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I have read and understand the provisions listed above and I certify that the statements made herein are accurate and complete.

<b>Employee Signature</b>	<b>Date</b>
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<b>Hiring Manager (Print &amp; Sign)</b>	<b>Telephone</b>	<b>Date</b>
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<b>Appointing Authority (Print &amp; Sign)</b>	<b>Date</b>
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*Office Use Only*

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

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