



RETURNING RETIREE

<input type="checkbox"/>	Initial Rehire*
<input type="checkbox"/>	Extension*
*Must Include SBCERA Certification Form	
<input type="checkbox"/>	Salary Adjustment

SECTION 1 – Please print in Black or Blue Ink ONLY			
Employee ID	Rcd No.	Last Name, First Name	
Job Code	Job Title	Department	
Effective Date	End Date	Pay Rate	Pay Range (If Applicable)
Appointment Type			
<input type="checkbox"/> Extra-Help <input type="checkbox"/> Recurrent <input type="checkbox"/> Contract <input type="checkbox"/> 3 rd Party Staffing Agency			

SECTION 2 – ONLY Complete Section 2 for Salary Adjustment
Salary Adjustment Justification

SECTION 3 – Certification	
By signing below, you acknowledge that you have read and understand the provisions listed in the SBCERA Returning Retiree Certification form and certify that the information provided is accurate and complete.	
Employee Signature	Date
Hiring Manager (Print & Sign)	Date
Human Resource Business Partner (Print & Sign)	Date

SECTION 4 – Official Use Only (Print & Sign)		
Required for All Requests	Employee Benefits and Services	Date
Required for Initial Rehire & Extension	Employment Division	Date
	Director of Human Resources Signature	Date
Required if Director of HR is appointing authority	Chief Executive Officer Signature	Date

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