



San Bernardino County Employees' Retirement Association

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ALAMEDA DECISION APPEAL REQUEST FORM

This form serves as an official request to appeal how the Alameda decision may affect you. Because the Supreme Court's decision in *Alameda* mandates the exclusion of specific benefits from your Final Average Compensation (FAC), **you may not appeal the legality of the statutory exclusions themselves.** That topic has already been resolved by the highest court in California. The sole issue(s) for determination on the foregoing administrative appeals are described below.

MEMBER INFORMATION (Please print or type)

Last Name	First Name	Middle Name	
Last Four Digits of SSN	Email Address	Phone Number	
Address	City	State	Zip Code

Please select the appropriate appeal issue(s) and fill in the associated fields.

- The benefit in question was "compensation" under Government Code section 31460 and "compensation earnable" under Government Code section 31461.**
I formally request to appeal the following benefit(s): _____

I assert this pay was rendered within the "normal working hours" of my position and of "persons in the same grade or class of positions" during the period I rendered services at the same rate of pay. This should not be excluded from my Final Average Compensation (FAC). I have attached supporting documentation.
- SBCERA calculations or other numerical data provided above are incorrect.**
I formally request to appeal the recalculation or other numerical data provided by SBCERA. The incorrect data includes _____
I have attached supporting documentation.
- I retired from SBCERA before the effective date of the law that SBCERA is applying to me.**
I formally request to appeal any effect from the Alameda decision towards my retirement benefit because I did not retire from SBCERA before the effective date of the law that SBCERA is applying to me. I have attached supporting documentation.

Member Signature _____

Date _____