



San Bernardino County Employees'
Retirement Association

Returning Retiree Certification Request

(Pursuant to SBCERA Board Benefits Policy No. 032)

P: 909.885.7980 | E: returningretirees@sbcera.org | sbcera.org

Submit this Form:

Mail | 348 W. Hospitality Lane, Suite 100
San Bernardino, CA 92408

Online | returningretirees@sbcera.org

This form is required to request SBCERA authorization before a retiree returns to work under **Board Policy No. 032 (Retirees Returning to Work)**. Retirees who wish to return to work part-time or in a limited-term capacity while continuing to receive their monthly retirement benefit must complete this form.

Retirees who choose to return to a full-time position and suspend their retirement benefit are not subject to Policy No. 032 and do not need to complete this form. However, the employer is still required to notify SBCERA of the official return-to-work date via email before the retiree begins working to ensure proper suspension of monthly retirement benefits.

Important: Do not begin working until SBCERA has approved this post-retirement employment request.

For more information, see the [Reference Section](#) at the end of this form or contact ReturningRetirees@SBCERA.org.

Section 1 Retiree Information

SBCERA ID/Employee ID	Full Name
Date of Retirement with SBCERA	Re-Employment Job Title
Re-Employment Start Date	Re-Employment End Date (cannot be greater than 18 months)

Has the retiree previously been certified by SBCERA to return to work under a separate Returning Retiree request?

- ☐ No – This is the retiree's Initial Certification Request
- ☐ Yes – The retiree has been certified by SBCERA to return to work before*
- * If the retiree has previously been certified to return to work with a different employer or in a different role, **please do not complete this form**. Instead, submit the *Returning Retiree Certification Extension Request*.

Section 2 Employer Information

Employer Name	
Department Name	Employer Representative Name & Title
Representative Phone Number	Representative Email Address

Section 3 Certification of Need for Re-Employment

Please confirm that one or both of the following statements are true. Check all that apply:

- ☐ The re-employment is necessary during an emergency to prevent stoppage of public business.
- ☐ The retiree has skills needed to perform work of a limited duration.

Section 4 Employment Details

Choose the nature of the employment relationship (select only one):

- ☐ Direct Hire
- ☐ Hired through Staffing/Temp Agency or Other Third-Party
- ☐ Independent Contractor or Sub-Contractor (See **Reference Section** for additional required forms)
- ☐ Local Board Member or Commissioner
- ☐ Volunteer

What is the salary range for employees in similar roles, based on the Employer's publicly posted salary schedule?
(If the salary range is listed as a monthly amount, divide it by 173.33 to determine the hourly rate.)

Comparable Job Title: _____

Salary Minimum: \$_____ (per hour)

Salary Maximum: \$_____ (per hour)

Retiree's Hourly Pay Rate: \$_____ (per hour)

Please provide a brief description of the specific duties the retiree will perform in this role.

Are you currently recruiting for this role?

☐ Yes – If yes, please describe your recruitment efforts below:

☐ No

Section 4 Employment Details (Continued)

Was the returning retiree granted a Disability Retirement benefit?

- ☐ Yes – The Employer must complete and submit a [Disability Retirement Questionnaire](#)
- ☐ No

In the 12 months prior to re-employment, did the retiree receive unemployment insurance benefits resulting from prior employment with an SBCERA-participating employer?

- ☐ Yes
- ☐ No

Will the retiree's re-employment begin within 180 days of their retirement?

- ☐ Yes – If yes, please complete the section below.
- ☐ No

If "Yes", please select the applicable reason for re-employment:

- ☐ The retiree is a **public safety officer or firefighter**, and the re-employment is for duties regularly performed by individuals in that role.
- ☐ The re-employment is necessary to fill a **critically needed position** and has been **approved by agency's the governing body** in a public meeting on the non-consent calendar.
(Employers must submit a copy of the meeting minutes showing approval by the governing board.)

Is the retiree a General member under age 55 or a Safety member under age 50?

- ☐ Yes – If yes, please answer the follow-up questions below.
- ☐ No

Was there a verbal or written agreement between employer and the retiree regarding this position prior to their retirement?

- ☐ Yes
- ☐ No

Has it been at least 60 days since the retiree's date of separation from employment?

- ☐ Yes
- ☐ No

Section 5 Employer Acknowledgements

As a SBCERA participating employer, please read and acknowledge the following statements:

- The returning retiree will not work more than **960 hours** during any fiscal year (July 1—June 30) for any single or combined SBCERA-participating employer. Tracking of these hours is the responsibility of both the retiree and the employer.
- The returning retiree's pay will not be less than the minimum and no more than the maximum paid to employees performing comparable duties. Any changes in pay shall be reported to SBCERA immediately.
- While SBCERA and the employer will cooperate to facilitate compliance with the terms of California Government Code sections 7522.56, 31680.6, 31680.7, 31680.9, and SBCERA Board Benefits Policy No. 032, compliance is ultimately **the retiree's responsibility**.
- A retiree who retires before the normal retirement age must observe a continuous 60-day break in service from their last day of employment before being re-employed at any SBCERA-participating employer.
- Failure to comply with the returning retiree requirements may result in reinstatement from retirement, with serious consequences for both the retiree and the employer, effective from the date of non-compliance. These include:
 - Suspension of retiree's monthly benefit payments and repayment of any benefits received during the period of violation.
 - Collection of retirement contributions, with interest, from the retiree and employer on any compensation received during unlawful re-employment.
 - The retiree will accrue a new subsequent retirement benefit for the period of re-employment that was not in compliance with applicable law.
 - Employers will be subject to a \$200 fine per retiree, per month if:
 - SBCERA does not receive an approved Returning Retiree Certification Request form within 30 days of the hire date; or
 - The employer fails to report the retiree's pay rate and total hours worked within 30 days of the final pay period in which the retiree performed work.
- Additional penalties as provided by law.

In addition to the terms and conditions herein, the employer agrees to comply with:

- (1) California Government Code § 7522.56
- (2) California Government Code § 31680.6
- (3) California Government Code § 31680.7
- (4) California Government Code § 31680.9
- (5) SBCERA Board Benefits Policy No. 032

Annual Reporting: Employers are required to report to SBCERA, no later than 10 business days after the end of each fiscal year, a list of all SBCERA retirees working in any capacity, including direct employment, independent contractors engaged directly by the employer, volunteers, or individuals serving on Boards or Commissions. The report must also include the total number of hours worked by each retiree during the fiscal year.

Notice of Violation: An employer shall notify SBCERA within two business days of the discovery that a retiree has exceeded 960 hours worked in a fiscal year or the limited duration period.

Recruitment Prior to and During the Return to Work of a Retiree: An employer shall be actively recruiting for a permanent replacement for the regular position being occupied by a retiree unless the position is temporary or seasonal.

Substantial Compliance: If genuine documentation regarding the re-employment of a retiree is submitted as required by this Policy and accepted by SBCERA as adequate at the time of the re-employment, this shall be considered conclusive evidence that the re-employment was commenced in compliance with applicable law. The CEO or designee shall notify the employer in writing of the acceptance of the documentation required by this policy.

I have read and understand the Employer Acknowledgments above, including the limitations placed on SBCERA retirees returning to work for SBCERA-covered employers. I further certify that all statements provided in this form are true and complete to the best of my knowledge.

I declare under penalty of perjury the foregoing is true and correct.

Executed on _____, at _____
Date City, State

X _____ X _____
Employer Representative's Printed Name Employer Representative's Signature

Section 7 Instructions for Returning This Form

Return this completed form as follows, based on your employer:

San Bernardino County Departments:

Email this form to **San Bernardino County Human Resources** at ebbsd@hr.sbcounty.gov.

All other SBCERA Employers:

Submit this form directly to **SBCERA** for processing.

Mailing Address:

San Bernardino County Employees' Retirement Association
ATTN: Member Services
348 W. Hospitality Lane, Suite 100
San Bernardino, CA 92408

Phone: (909) 885-7980

Email: ReturningRetirees@SBCERA.org

FOR SBCERA INTERNAL USE ONLY

This Returning Retiree Certification request has been reviewed and approved by **SBCERA**.

Certification Period End Date: _____

Reviewed and Authorized By:

Printed Name

Title

Signature

Date

Approval of this form by SBCERA serves as conclusive evidence that the retiree's re-employment has commenced in compliance with applicable law, provided all statements made herein are true and accurate. A copy of the approved form will be returned to both the employer and the retiree for their records.

Reference: Additional Information and Instructions

Section 1: Retiree Information

Provide the retiree's SBCERA ID or Employee ID, full name, retirement date, job title, and the anticipated start and end dates of re-employment.

Important:

- Re-employment **must not begin** until SBCERA approves this form; doing so may result in suspension of pension benefits.
- If re-employment will exceed 18 consecutive months, submit a **Returning Retiree Request to Extend Beyond 18 Months** form.
 - Board approval is required for any extension beyond the original 18-month period.
 - The 18-month limit applies to the retiree, not just the employer. If the retiree has previously returned to work for another SBCERA-covered employer, Board approval is still required for any additional employment.

Section 2: Employer Information

Provide the name of the SBCERA-covered employer and the contact information for the employer representative.

Note: If the retiree is being hired through a staffing agency or third-party organization, do not list the agency in this section. Only SBCERA-covered employers may be listed here.

Section 3: Certification of Need for Re-Employment

State law requires confirmation that at least one qualifying condition is met for a retiree to return to work. Please ensure this section is completed accurately to support compliance with applicable legal requirements.

Section 4: Employment Details

Returning retirees are subject to the limitations outlined in Government Code §7522.56.

- **Employment Relationship:** Selecting the option that best describes the nature of the retiree's re-employment:
 - **Direct Hire:** Employed directly by, or under contract with, the SBCERA-covered employer.
 - **Hired via Staffing/Temp Agency or Third-Party:** Hired through an external agency. (Still subject to SBCERA return-to-work rules.)
 - **Independent Contractor or Sub-Contractor:** Must submit **Employment Relationship Questionnaires** completed by both the retiree and employer.
 - **Board Member or Commissioner:** Indicate if the retiree will serve in this capacity so that SBCERA can provide any necessary additional guidance.
 - **Volunteer:** May serve without triggering return-to-work rules **if uncompensated** (includes both wages and benefits).
- **Salary Range Requirements:** Per Government Code §7522.56(d), provide the salary range for employees performing comparable duties, based on the employer's publicly posted salary schedule. The job title of the comparable position may differ from the retiree's re-employment title; however, the duties must be substantially similar to those the retiree will perform. *If your salary schedule lists monthly rates, divide the monthly amount by 173.33 to determine the hourly rate.*
- **Summary of Duties:** Provide a brief summary of the duties the retiree will perform during their re-employment period. This summary should reflect the specific tasks and responsibilities assigned to the retiree and should be consistent with the nature of the position described in Section 1.
- **Disability Retirement Status:** If the retiree was granted a disability retirement by SBCERA, the employer must complete and submit the **Disability Retirement Questionnaire** with this form. Employers are required to certify that the retiree will not perform any duties that are restricted by the conditions of their disability.
- **Recruitment Requirements:** Employers must actively recruit for a permanent replacement unless the position is temporary or seasonal.
- **Unemployment Restrictions:** Under Government Code §7522.56(e)(1), retirees may not return to work if they received unemployment insurance from an SBCERA employer within the past 12 months.

Reference: Additional Information and Instructions (Continued)

Section 4: Employment Details (continued)

- **Break in Service:** Members who retire before reaching normal retirement age must observe a minimum 60-day break in service before returning to work for any SBCERA-covered employer. Normal retirement age is defined as: 55 for General members and 50 for Safety members.

Section 5: Employer Acknowledgments

This section must be completed and signed by a representative of an SBCERA-covered employer.

- Review and acknowledge the employer requirements.
- Do **not** complete this section if the retiree is being hired by a third-party organization (not directly by the employer).

Section 6: Retiree Acknowledgments

This section must be completed and signed by the retiree.

- Review and acknowledge understanding of the requirements for returning to work.
- Sign to confirm **responsibility for compliance**.
- **Note:** Some rules may not apply to Board Members, Commissioners, or Volunteers, but retirees should still review all requirements in case their role changes.

Return-to-Work Laws and Policy

Government Code sections 7522.56, 31680.6, 31680.7, 31680.9, and SBCERA Board Benefits Policy No. 032 provides specific employment restrictions for retirees who return to work with an employer in the same public retirement system from which they receive a benefit. These restrictions are intended to prevent a retiree from receiving a monthly SBCERA retirement benefit while also receiving compensation for employment with an SBCERA-covered employer. It is the responsibility of both the retiree and the employer to ensure compliance with our policy, as violations can result in penalties and fees assessed to both.

[Benefits Policy No. 032 \(Retirees Returning to Work\)](#)

Additional Form Requirements

Independent or Sub-Contractor

If the retiree is returning to work as an Independent or Sub-Contractor, the employer must complete and submit an [Employment Relationship Questionnaire for Employers](#) and the returning retiree must complete and submit an [Employment Relationship Questionnaire for Retirees](#).

Disabled Retirees

If the retiree was granted a Disability Retirement benefit, the employer must complete and submit a [Disability Retirement Questionnaire](#).