CERTIFICATION OF COMPLIANCE FOR POST-RETIREMENT EMPLOYMENT

GENERAL MEMBER RETIREES

For SamCERA retirees who want to provide services as an extra help employee or through a contract.

SamCERA

San Mateo County Employees' Retirement Association 100 Marine Parkway, Suite 125 | Redwood City, CA 94065 Phone: (650) 599-1234 | Toll-Free: (800) 339-0761 Fax: (650) 591-1488 | PONY: RET 141

Web: www.samcera.org | Email: samcera@samcera.org

Notice

SamCERA retirees cannot serve, be employed by, or be employed through a contract directly by any SamCERA employer without reinstatement from retirement, except as permitted by state law and Board of Retirement regulations. The information provided in response to Part A will determine the retiree's eligibility to provide services as an extra help employee or contractor. This form does not apply to retirees who wish to "unretire" and be reinstated as an active member. This certification should be completed and filed prior to the first date of post-retirement employment. Contact SamCERA if there are any questions.

	Retiree In	formation		
ast Name	First Name	Middle Initial	Last 4 Digits of SSN	
Morales	Teresa	J	2902	
Month Day Year March 30 2018	Expected Date of Reemployn Month Day Yea April 2 201	Expected Bre	1 /	
		calendar days	Break in Service is the nur between the Date of Retir Date of Reemployment.	
of reemployment? ☐ Yes (STOP – you are ☑ No (continue to que	not eligible for this kind of reemplestion 2)	oyment at this time; noti	fy hiring department)	
2. Is your Expected Break ☐ Yes (go directly to P ☑ No (continue to que	*			
3. If you answered 'No' to additional year of serv	o question 2, were you given any i ice) upon retirement? not eligible for this kind of reempl			' such as an
-	age or older on your Date of Retire art B)	ement?		
Yes (go directly to P □ No (continue to que) □ No (continue to que)	stion 5)			

☐ No (go directly to Part B)

Part B: Terms of Post-Retirement Service (to be signed by retiree)

Limit of 960 hours of employment per fiscal year. Post-retirement employment shall not exceed a total 960 hours each fiscal year for all service to any SamCERA employers. Limits on hourly rate of pay. The rate of pay for the employment shall not be less than the minimum hourly rate nor greater than the maximum hourly rate as set forth on a published pay schedule for other employees performing comparable duties. No service credit or other retirement benefits. The employee will not acquire any service credit or retirement benefits under such reemployment without reinstatement to active service and suspension of retirement benefits. I certify that my answers to the questions in Part A are true and correct to the best of my knowledge. I also understand that my reemployment must be in compliance with the Terms of Post-Retirement Service. Retiree Signature 1-31.18 After you have signed above, return this form to your prospective employer. Part C: Determination of Eligibility (to be completed and signed by employer) Name of SamCERA employer: ☑ County of San Mateo ☐ Superior Court of San Mateo ☐ Mosquito and Vector Control District 1. Did the retiree answer 'Yes' to question 2 in Part A? ☐ Yes (retiree is eligible for reemployment; check 'Yes' on the **Determination of Eligibility** below) ☑ No (continue to question 2) 2. Did the retiree answer 'Yes' to either question 1 or 3 in Part A? Yes (retiree is not eligible for this kind of reemployment at this time; check 'No' on the Determination of Eligibility below) **☒** No (continue to question 3) 3. Did the retiree answer 'Yes' to either question 4 or 5 in Part A above? If not, continue to question 4. If so: Is the employment appointment necessary to fill a critically needed position before the 180-day break, and has the appointment been approved by the governing body of the employer in a public meeting (not on a consent agenda)? Yes (retiree is eligible for reemployment; check 'Yes' on the Determination of Eligibility below) ☐ No (retiree is <u>not eligible</u> for this kind of reemployment at this time; check 'No' on the **Determination of Eligibility** below) 4. Did the retiree answer 'No' to 5 in Part A? If so: Is the reemployment due to an emergency declared by a government agency or an emergency that may prevent the continuation of public business? ☐ Yes (retiree is eligible for reemployment; check 'Yes' on the **Determination of Eligibility** below) ☐ No (retiree is <u>not eligible</u> for this kind of reemployment at this time; check 'No' on the **Determination of Eligibility** below) **Determination of Eligibility:** Based on the information provided by the retiree, the retiree is eligible for post-retirement employment on or after the Expected Date of Reemployment indicated on the front of this form. X Yes, the retiree is eligible for reemployment \square No, the retiree is <u>not eligible</u> for this kind of reemployment at this time

I further understand that reemployment must be in compliance with the	Terms of Post-Retirement Service listed in Part B.	
Employer Representative Signature	Date	
- Eifforthy w	3/38/18	
Employer Representative Name and Title (please print)	Phone	
- Pittany thee Management Anglyst	650-599-1339	

Employer: Send a copy of this completed certification to samcera@samcera.org, and save the original for your records.