

**CERTIFICATION OF COMPLIANCE FOR  
POST-RETIREMENT EMPLOYMENT**

**SAFETY AND PROBATION 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](http://www.samcera.org) | Email: [samcera@samcera.org](mailto: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 and a copy sent to SamCERA. Contact SamCERA if there are any questions.**

**Retiree Information**

Last Name	First Name	Middle Initial	Last 4 Digits of SSN
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**Date of Retirement**

Month	Day	Year
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**Expected Date of Reemployment**

Month	Day	Year
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**Expected Break  
in Service**

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The **Expected Break in Service** is the number of calendar days between the Date of Retirement and the Expected Date of Reemployment.

**Part A: Break in Service Information (to be completed by retiree)**

- Did you or will you receive any unemployment insurance compensation within the 12 months prior to the expected date of reemployment?**  
 Yes (**STOP** – you are not eligible for this kind of reemployment at this time; notify hiring department)  
 No (continue to question 2)
- Were you given any retirement incentive (e.g., a "golden handshake" such as an additional year of service) upon retirement?**  
 Yes (If Yes, continue to question 3)  
 No (If No, skip to question 4)
- If you answered 'Yes' to question 2, is your Expected Break in Service at least 180 days?**  
 Yes (If Yes, go directly to **Part B**)  
 No (**STOP** – you are not eligible for this kind of reemployment at this time; notify hiring department)
- Were you 53 years of age or older on your Date of Retirement?**  
 Yes (If Yes, go directly to **Part B**)  
 No (If No, continue to question 5)
- If you answered 'No' to question 4, is your Expected Break in Service at least 90 days?**  
 Yes (go directly to **Part B**)  
 No (go directly to **Part B**)

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

**Limited Duration.** Services are for a limited duration or to respond to an emergency to prevent stoppage of public business.  
**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	Date
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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 either question 3, 4 or 5 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 question 1 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 'No' to question 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 4)
  
4. **Did the retiree answer 'No' to question 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 not eligible 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.

- Yes, the retiree is eligible for reemployment**  
 **No, the retiree is not eligible 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
Employer Representative Name and Title (please print)	Phone

**Employer:** *Send a copy of this completed certification to [samcera@samcera.org](mailto:samcera@samcera.org), and save the original for your records.*