

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

Safety and Probation Member Retirees

**Address:** 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 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.*

**Part A: Break in Service Information (To be completed by Retiree)**

Last Name	First Name	Middle Initial	Last 4 Digits of SSN
-----------	------------	----------------	----------------------

**Date of Retirement**

Month	Day	Year

**Expected Date of Reemployment**

Month	Day	Year

**Expected Break in Service**

--

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

- Did you or will you receive any unemployment insurance compensation within the 12 months prior to the expected date of reemployment from a SamCERA-covered employer?**  
 Yes (**STOP** – you are not eligible for this kind of reemployment at this time; notify hiring Department.)  
 No (Continue to question 2)
- Will the post retirement services be services that are regularly performed by a public safety officer?**  
 Yes (Continue to question 3)  
 No (Skip to question 5)
- Is your Expected Break in Service at least 90 days?**  
 Yes (Go directly to Part B and complete Part C)  
 No (Continue to question 4)
- Were you 53 years of age or older on your date of retirement?**  
 Yes (Go directly to Part B and complete Part C)  
 No (**STOP** – you are not eligible for this kind of reemployment at this time; notify hiring department.)
- Is your Expected Break in Service at least 180 days?**  
 Yes (Continue to Part B and complete Part C)  
 No (Continue to Part B and complete Part C)

**Part B: Terms of Post-Retirement Service**

**Limited Duration.** Skills are needed for a limited duration or for 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.

**Part C: Certification (To be signed by the Retiree)**

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
-------------------	------

After you have signed above, return this form to your prospective employer.

**Part D: Determination of Eligibility (to be completed and signed by Employer)**

- Are the retiree’s: a) services needed during an emergency to prevent stoppage of public business; or b) skills needed to perform work of a limited duration?**  
 Yes (Continue to question 2)  
 No (**STOP** – check ‘No’ on the **Determination of Eligibility** below.)
- Did the retiree answer ‘Yes’ to question 1 in Part A?**  
 Yes (**STOP** - retiree is not eligible for this kind of reemployment at this time and must wait past the 12 -month period; check ‘No’ on the **Determination of Eligibility** below)  
 No (Continue to question 3)
- Did the retiree answer ‘Yes’ to either question 3, 4, or 5 in Part A?**  
 Yes (**STOP** - check ‘Yes’ on the **Determination of Eligibility** below.)  
 No (Continue to question 4)
- Did the retiree answer ‘No’ to question 5 in Part A? If so, did the retiree receive any retirement incentive (e.g., a “golden handshake” such as an additional year of service) upon retirement?**  
 Yes (**STOP** – check ‘No’ on the **Determination of Eligibility** below.)  
 No (Continue to question 5)
- If the retiree answered ‘No’ to question 5 in Part A, is the reemployment necessary to fill a critically needed position?**  
 Yes (Retiree is not eligible for reemployment; check “The retiree is not eligible for this kind of reemployment and a Human Resources’ ‘Request to Rehire a SamCERA Retiree Before the Required 180-Day Break in Service’ form will be submitted to the Department Head” 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.)

<p><b>Determination of Eligibility:</b> Based on the information provided by the retiree and the expected date of reemployment:</p> <input type="checkbox"/> <b>Yes, the retiree is eligible for reemployment at this time.</b> <input type="checkbox"/> <b>No, the retiree is <u>not eligible</u> for this kind of reemployment and will not be hired at this time.</b> <input type="checkbox"/> <b>The retiree is <u>currently not eligible</u> for this kind of reemployment unless approved by the Board of Supervisors. A Human Resources’ “Request to Rehire a SamCERA Retiree Before the Required 180-Day Break in Service” form will be submitted to the Department Head. If hiring is approved by the Board of Supervisors, a copy of the resolution will be submitted to SamCERA.</b>
---

I further understand that reemployment must be in compliance with the Terms of Post-Retirement Service listed in Part B.

Employer Signature	Date
Employer 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.