

CERTIFICATION OF COMPLIANCE FOR POST-RETIREMENT EMPLOYMENT
 San Mateo County Mosquito and Vector Control District - General 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			Expected Date of Reemployment			Expected Break in Service	
Month	Day	Year	Month	Day	Year		

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

- Did you retire at or above the Normal Age of Retirement (60 years)?**
 Yes (Continue to question 2)
 No (Continue to question 2)
- 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 3)
- Is your Expected Break in Service at least 180 days?**
 Yes (Go directly to Part B and complete Part C)
 No (Continue to question 4)
- If you answered ‘No’ to question 2, were you given any retirement incentive (e.g., a “golden handshake” such as an additional year of service) upon retirement?**
 Yes (**STOP** – you are not eligible for this kind of reemployment at this time; notify hiring department)
 No (Go directly 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)

1. **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)
2. **Did the retiree answer ‘Yes’ to both questions 1 and 3 in Part A?**
 - Yes (**STOP** – check ‘Yes’ on the **Determination of Eligibility** below)
 - No (Continue to question 3)
3. **Did the retiree answer ‘Yes’ to either question 2 or 4 in Part A?**
 - Yes (**STOP** - check ‘No’ on the **Determination of Eligibility** below)
 - No (Continue to question 4)
4. **If the retiree answered ‘No’ to question 3 in Part A, is the reemployment necessary to fill a critically needed position?**
 - Yes (Continue to question 5)
 - No (Check ‘No’ on the **Determination of Eligibility** below)
5. **Has the appointment been approved by the Board of Directors of the San Mateo County Mosquito & Vector Control District in a public meeting (not on a consent agenda)?**
 - Yes (Check ‘Yes’ on the **Determination of Eligibility** below)
 - No (Check ‘The retiree is currently not eligible for this kind of reemployment unless approved by the Board of Directors of the San Mateo County Mosquito & Vector Control District in a public meeting (not on a consent agenda)’ on the **Determination of Eligibility** below)

<p>Determination of Eligibility: Based on the information provided by the retiree and the expected date of reemployment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, the retiree is eligible for reemployment at this time. <input type="checkbox"/> No, the retiree is <u>not eligible</u> for this kind of reemployment and will not be hired at this time. <input type="checkbox"/> The retiree is <u>currently not eligible</u> for this kind of reemployment unless approved by the Board of Directors of the San Mateo County Mosquito & Vector Control District in a public meeting (not on a consent agenda). If hiring is approved by the governing body, a copy of the resolution will be submitted to SamCERA.

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 and save the original for your records.