



## CERTIFICATION

### Post-Retirement Employment of PLAN SPONSOR (non-County) Retiree (Limited Duration)

DATE: \_\_\_\_\_

#### EMPLOYER INFORMATION:

Name of EMPLOYER: \_\_\_\_\_  
*Name* *(Area Code & Phone No.)*

Address of EMPLOYER: \_\_\_\_\_  
*Street* *City* *Zip Code*

#### RETIREE INFORMATION:

Name of RETIREE/EMPLOYEE: \_\_\_\_\_  
*First* *Middle* *Last* *(Area Code & Phone No.)*

Address of RETIREE: \_\_\_\_\_  
*Street* *City* *Zip Code*

Date of Retirement: \_\_\_\_\_  
*Date*

Are you retired and currently working for a KCERA Plan Sponsor?  Yes  No

If you answered No, enter the anticipated start date: \_\_\_\_\_ (month and year)

If you answered Yes, please describe your current duties: \_\_\_\_\_

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**TO BE COMPLETED BY EMPLOYER:**

**1. Please certify that one or both of the following are true (check all that apply).**

The re-employment of the Retiree is necessary during an **emergency** to prevent stoppage of public business.

The Retiree has skills needed to perform work of limited duration.

**2. Please indicate the limit or limits on the duration of the retiree's re-employment by selecting the box that applies to the Retiree. An **anticipated end date** for the re-employment must also be provided.**

Retiree has special skills/knowledge needed by employer AND employer is actively hiring/recruiting to fill Retiree's position

Retiree training replacement

Retiree working in a temporary assignment or working on a special project  
If checked, please describe temporary assignment or special project duties below:

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Temporary position due to peak or seasonal workload fluctuation for period: \_\_\_\_\_ to \_\_\_\_\_

Retiree is filling a short-term vacancy need

Other \_\_\_\_\_

**Enter the anticipated end date for the selection above: \_\_\_\_\_ (month and year)**

See Attachment 1 for further explanation. [Please attach explanation and label as "Attachment 1"]

**3. a. Did or will the re-employment commence within 180 days following the date of retirement?**

Yes  No

**4. The Employer agrees to do at least one of the following (check all that apply):**

Grant KCERA staff direct access to the Employer's payroll system with the Employer in a manner that permits KCERA to determine the number of hours that the Retiree/employee, and others similarly situated, have worked in a fiscal year; or

Provide a report to KCERA, on a pay-period by pay-period basis, showing the number of hours worked in a given fiscal year by any re-employed Retiree/employees who have worked at least 700 hours in a fiscal year.

**TO BE COMPLETED BY RETIREE/EMPLOYEE:**

5. Have you received any unemployment insurance compensation, during the 12 months prior to re-employment, arising out of the prior employment with any public employer?

\_\_\_\_\_ Yes      \_\_\_\_\_ No  
*Initials*            *Initials*

**ACKNOWLEDGMENTS:**

6. **Employer** and the **Retiree** acknowledge and certify that:

- a. During re-employment, the Retiree may not work more than 960 hours during any fiscal year (July 1 through the following June 30).
- b. The Retiree's pay may not be less than the minimum nor more than the maximum paid to other employees performing comparable job duties.

7. **Employer** and the **Retiree** acknowledge and certify that:

- a. While KCERA and the Employer will cooperate to facilitate compliance with the terms of Government Code sections 7522.56 and 31680.6, and KCERA's Post-Retirement Employment Policy, compliance is ultimately the Retiree responsibility.
- b. Failure to comply with any of the requirements of Government Code sections 7522.56 and 31680.6, as implemented through KCERA's Post-Retirement Employment Policy, may result in any or all of the following consequences, effective on the date that the re-employment ceased to be in compliance:
  - i. The Retiree's reinstatement to active KCERA membership;
  - ii. The suspension of the Retiree's retirement benefit payments effective on the date that the reemployment ceased to be in compliance, which may include the recovery by KCERA of any benefits improperly received;
  - iii. The collection from both the Retiree and the Employer of retirement contributions on any pay received by the retiree during any period of unlawful re-employment;
  - iv. The Retiree earning a new retirement benefit during the period of re-employment, pursuant to Government Code section 31680.7; and
  - v. Any other consequence provided by law.

8. The Employer agrees to report to KCERA, by submitting an updated copy of this form:

- a. When any Retiree's re-employment extends, or is proposed for extension, beyond the stated end-date;
- b. When any Retiree's re-employment was originally limited to the completion of a discrete quantity of work or to termination upon some other stated event, and has extended or is proposed to extend beyond that completion or event, with an explanation of the reasons.

9. **Employer** and **Retiree** agree that in addition to the terms and conditions set forth herein, the parties have reviewed and further agree to comply with:

- (1) California Government Code section 7522.56
- (2) California Government Code section 31680.6
- (3) KCERA's Post-Retirement Employment Policy

By executing this Certification, Retiree and Employer certify that all statements herein are true to the best of their knowledge.

**RETIREE:**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Retiree

Typed Name: \_\_\_\_\_

**EMPLOYER:**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Authorized Representative of Employer

Typed Name: \_\_\_\_\_

Staff member that can be contacted by KCERA if there are questions regarding this form:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

(Please provide the completed form to:  
KERN COUNTY RETIREES' RETIREMENT ASSOCIATION  
Email: [legal@kcera.org](mailto:legal@kcera.org))

**I. Review and Evaluation by KCERA:**

\_\_\_\_\_  
*Initials* Accepted and Approved through: \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Initials* This form has not been approved by KCERA. A letter of explanation will be provided.

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Authorized Representative

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Approval of this form by KCERA entitles Employer and Retiree to the conclusive presumption that the re-employment has commenced lawfully, so long as all statements made herein are true. A copy may be sent to the Employer and/or Retiree upon request.

**II. Review and Evaluation by Governing Body:**

- a. The re-employment is necessary to fill a critically needed position before 180 days have passed, and the re-employment has been approved by the governing body of the agency in a public meeting on the non-consent calendar. (Please provide documentation, e.g. meeting agenda and/or, minutes and/or back-up. Label attachment as "Attachment 2.")

\_\_\_\_ Yes  
*Initials*

\_\_\_\_ Approval is not applicable – Please attach explanation as Attachment 2.  
*Initials*

- b. Effective Date of Re-employment: \_\_\_\_\_

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Authorized Representative

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**(Employer: Send executed form to KCERA.)**