



San Joaquin County Employees' Retirement Association

220 E. Channel Street, Stockton, CA 95202 • (209) 468-2163 • ContactUs@sjcera.org

Emergency Return to Work

For SJCERA retirees returning to work during a state of emergency

Notice

This form is only applicable in circumstances where a state of emergency has been declared and certain provision of applicable government codes have been waived.

This form does not apply to:

- Retirees returning to work for an SJCERA employer in a capacity other than assistance during a declared state of emergency, or
- Retirees who wish to “unretire” and be reinstated as an active member

This form must be signed by the employer’s executive officer or designee and submitted to SJCERA prior to engaging in work as a result of the delclared state of emergency.

1. Retiree Information

First Name	MI	Last Name	SSN (LAST 4 DIGITS)
------------	----	-----------	---------------------

2. Employment Information

Name of Employer	Date Emergency Employment Begins	
Was Employee Working as a Retired SJCERA Member Prior to the Declaration of Emergency? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, What Date Did Retiree Originally Return to Work?	If Yes, How Many Hours Has the Retiree Worked This Fiscal Year?

3. Employer Certification

As a representative of an agency who employs SJCERA retirees pursuant to a state of emergency where certain provisions of applicable government codes have been waived, I understand our agency must do the following:

- 1. Notify the California Department of Human Resources.** The Director of the California Department of Human Resources and SJCERA must be notified of any individual employed pursuant to a state of emergency. Send notification to CAStatofEmergency@calhr.ca.gov and a copy to SJCERA at Contactus@sjcera.org.
- 2. Report emergency hours worked to SJCERA.** Employers must report the emergency hours worked by SJCERA retirees pursuant to these waivers separately from the hours worked under the standard return to work provisions. The work hours covered by this order will be monitored and communication regarding violations if found will be sent and whether it complies with these exceptions.
- 3. Comply with all other applicable statutes.**

EXECUTIVE OFFICER OR DESIGNEE SIGNATURE	DATE
EXECUTIVE OFFICER OR DESIGNEE NAME AND TITLE (PLEASE PRINT)	DATE

Send form to SJCERA and save a copy for your records.
Forms may be submitted by mail or by email to Contactus@SJCERA.org.