SSN (Last 4)

Emergency Return to Work

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

This form does not apply to:

- Retirees returning to work for an MCERA employer in a capacity other than assistance during a declared state of emergency, or
- Retirees who wish to "un-retire" and be reinstated as an active member.

This form must be signed by the employer's executive officer or designee and submitted to MCERA prior to the first date of the retiree's return to work.

Section 1: Retiree Information

Retiree Name (First Name, Middle Initial, Last Name)

Section 2: Employer Information

Employer Name		Date Emergency Employment Begins	
Was the retiree working prior to the Declaration of Emergency?	Yes	No	
If yes, what date did the retiree return to work?			

If yes, how many hours has the retiree worked this year?

Section 3: Employer Certification

As a representative of an agency who employs MCERA 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:

- Notify the California Department of Human Resources. The Director of the California Department of Human Resources and MCERA must be notified of any individual employed pursuant to a state of emergency. Notification should be sent to <u>CAStateofEmergency@calhr.ca.gov</u>. A copy of the notification should be sent to <u>retirementassociation@mendocinocounty.org</u>.
- 2. Report emergency hours worked to MCERA separately. Employers must report to MCERA the emergency hours worked by retirees pursuant to these waivers separately from the hours worked under the standard return to work provisions. MCERA will continue to monitor the work hours for retirees covered by this order and send communication to confirm when a violation is found and whether it complies with these exceptions.
- 3. Comply with all other applicable statutes.

Executive Officer or Designee Name and Title (Print)	Phone
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Executive Officer or Designee Signature	Date

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