**REQUEST FOR REHIRED ANNUITANT APPOINTMENT – STAFF/MPP**

**HR 101-R FORM**

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| **PART I: EMPLOYEE INFORMATION** | | | | | | | | | | | | |
| **Employee’s Name (Last, First, Middle Initial)** | | | | | | | | | | | **Employee ID** | |
| **PART II: POSITION/ASSIGNMENT INFORMATION** | | | | | | | | | | | | |
| **Effective Date** | | | **Ending Date -** *90 days max (60 days for Unit 4)* | | | | **Position #** | **Position Pool ID** | | | **Unit** (Paycheck Delivery) | |
| **College/Division** | | | **Working Title** | | | | **Position Funding Form** – Completion required  <https://adobesign.calpoly.edu/PowerForm/3AAABLblqZhCcz3RQTEBUW9MJLOJZnsKkeRITjDhTwp7nyFDjjbMak6b24VrwCy8AUVqY5bS874Pc3qPtwb5_ZqvF0kIQr7Nf/> | | | | | |
| **Department Name** | | | **Department ID** (######) | | | | **Base (FT) Salary Rate**  **$**       **per**  Mo  Day | | | | **Actual Salary Rate** (if PT or hourly)  **$**        **per**  Hr  Day | |
| **Job Classification Level** (CSU Title) | | | **Job Code** (####) | | | | **Skill Level** (if applicable) | | | | **Grade / Range** *(#)* | |
| **Supervisor** | | | **Reports to** (Absence Approver) | | | | **HR101R Completed by** | | | | **Extension**  6- | |
| **Special Conditions:**  Fingerprinting  Drug Testing  License(s)/certificates(s) – If checked, submit copy | | | | | | | | | | | | |
| **PART III: REQUIREMENTS OF SECTION 21229 OF THE CALIFORNIA GOVERNMENT CODE** | | | | | | | | | | | | |
| **Description of duties:** | | | | | | | | | | | | |
| *A retired person may serve in a* ***temporary “extra help”*** *appointment without reinstatement from retirement if that service does not exceed a total of 960 hours for all CalPERS employers in a fiscal year. Examples of extra help appointments include: elimination of backlog, special projects, and work in excess of what the employer’s permanent employees can do. Retirees may not be appointed to vacant permanent positions, even if the hours worked will not exceed 960 hours per fiscal year.*  **Justification for qualifying appointment *–*** select the criterion below which permits this appointment:  The employment is for an emergency to prevent stoppage of public business.  The retired employee has specialized skills needed in performing work of limited duration. | | | | | | | | | | | | |
| **PART IV: SIGNATURES/APPROVALS** | | | | | | | | | | | | |
| **The persons signing below certify:**   1. This appointment is compliant with **“Bona Fide Break in Separation”** requirements for one of the reasons below:  * On the retirement date, retired employee was at “normal retirement age” or older for his/her retirement formula *(for example, age 55 for those covered under the 2% @ 55 retirement formula).* * Retired employee was under “normal retirement age” on his/her retirement date but prior to retirement: a) had no verbal or written agreement to return to work as a “retired annuitant” **and** b) has been retired for at least 60 days prior to this appointment. * This appointment is for a disaster in which a “state of emergency” has been declared as defined by Government Code Section 8558. * Retired employee left CalPERS employment under a disability retirement.  1. This appointment is being made with the understanding that the retiree and employer will be subject to penalties as outlined below if CalPERS determines the post-retirement employment is in violation of the State Government Code:  * The retiree will be required to: 1) be reinstated from retirement into active employment and 2) reimburse CalPERS for any retirement pay received during any period of employment in violation of the law. * The retiree and employer will be required to: 1) pay to CalPERS an amount equal to the employee and employer contributions, respectively, that otherwise would have been paid during any period of unlawful employment plus interest, and 2) contribute toward reimbursement of administrative expenses incurred by CalPERS in responding to the situation. | | | | | | | | | | | | |
| **Budget Specialist** | | **Name** | | | **Title** | | | | **Signature** | | | **Date** |
|  | | This certifies a thorough budgetary review was conducted to ensure sufficient funds are available. | | | | | | | | | | |
| **Head of Department**  (Director, Dept Head/Chair) | | **Name** | | | **Title** | | | | **Signature** | | | **Date** |
| **Dean/Division Head** | | **Name** | | | **Title** | | | | **Signature** | | | **Date** |
| **Provost**  (Academic Affairs depts only) | | **Name** | | | **Title** | | | | **Signature** | | | **Date** |
| **Human Resources** | | **Comments** | | | | | | | **Signature** | | | **Date** |
| **Human Resources** | | | | | | | | | | | | |
| **DOJ Cleared** | **FBI Cleared** | | | **MPP Job Code** | | **\_\_\_ - \_\_\_\_\_ - \_\_\_** | **Analyst Rec’d Dt** | | | **Documented by/Date** | | |

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