

ADOPTED: FEBRUARY 21, 2017

REVISED: APRIL 21, 2020

SUBJECT: PERS RETIREE PROGRAM

PURPOSE:

The purpose of this policy is to establish the process and parameters for the District's discretionary PERS Retiree Program ("the Program"). The District realizes the advantages in retaining experienced employees after their retirement and has developed the following criteria to hire back certain qualified retirees and fulfill the staffing needs of the District.

PROCEDURE:

District's Discretion. Requests to participate in the Program must be made in writing on a Notice of Retirement form and must be submitted to the Fire Chief for prior approval. The Fire Chief, depending upon the needs of the District, may either deny or approve such request, in whole or in part. The Fire Chief, at his or her sole discretion, may approve or deny an employee's eligibility for participation in the Program and may also modify or discontinue a participating employee's participation, subject to any applicable employment agreement. If the Fire Chief has requested to participate or participates in the Program, then any supervisory decisions shall be made by the Board or its designee.

Employment Agreement Required. Program-approved employees must enter into a Separation and Re-employment Agreement with the District in compliance with this Policy.

Forms. Program Candidates must first provide:

- A. An irrevocable Notice of Retirement to the Fire Chief six months prior to the designated retirement date. The effective PERS retirement date must be on or before July 1 of any year; and
- B. A PERS Retiree Work Back form which has been signed and approved by the Fire Chief.

Benefits. Program employees are not entitled to any vacation, sick leave, bereavement, overtime, comp time, PERS contributions, retirement contributions, or any other paid leave or benefits during the Program work period unless expressly provided for in an employment agreement or in this policy. Notwithstanding the immediately preceding, during the Program period, the District will continue to pay employer contributions for Social Security, workers' compensation insurance, and any required Employer withholdings.

Hours Worked

PERS retirees must adhere to the PERS regulations for the allowable hours worked. It is the employee's responsibility to monitor the total hours worked to ensure he/she does not exceed any limits. *Note: In 2019 the Oregon Legislature passed SB 1049. This bill removed the work after retirement limits for PERS (and OPSRP) retirees for years 2020 through 2024 in some circumstances.*

Compensation. During the Program period, unless otherwise specified in an employment agreement, the employee will be compensated at the same regular rate of pay applicable immediately prior to his or her retirement, minus any incentive pay or other compensation add-ons.

Old-Age, Survivors, and Disability Insurance Benefits Limitation

A retired member who receives old-age, survivors, and disability insurance benefits under the federal Social Security Act may be employed from 2020 to 2024 “for no more than the number of hours for which the salary equals the maximum allowed for receipt of the full amount of those benefits.”

**PERS Retiree Work Back Program
(Refer to Policy 8.14)**

Employee Name & Contact Phone Number:

Department or Station Assignment: _____ Shift: _____

Employee Classification Status: _____ **Exempt** _____ **Non-Exempt**

PERS Non-Revocable Retirement Date: _____

Requested Program Start Date (first work back day or shift): _____

**Requested Program End Date (last day or shift worked): _____

**May be limited by PERS regulations.

Maximum hours worked cannot exceed policy limitations.

The **employee** is responsible for monitoring total hours worked so as not to exceed maximum work back hours allowed by PERS.

Employee Printed Name Fire Chief

Signature Date: Signature Date:

Exit interview conducted on: _____

Exit interview conducted by: _____

See attached SOP in force at time of this signing.

- C: Fire Chief
- Benefits
- Payroll
- Personnel File

NOTICE OF RETIREMENT

Please send completed form to Fire Chief

Name: _____ Date Of Notice: _____

ACTUAL NON REVOCABLE Date of Retirement: _____

Return From Retirement Start Date: _____

I Wish To Begin Banking My Vacation Effective: _____

Hire Date: _____ Years of Service At Retirement: _____

Brief Bio (Attach Separate Sheet If Necessary):

Fire Chief's Approval and Signature

Date