

RESOLUTION NO. 7

DETERMINATION OF A RETIREE'S VOLUNTARY REINSTATEMENT FROM DISABILITY RETIREMENT BY THE OFFICIAL DELEGATE

This Resolution is made by an Official Delegate appointed by the Governing Body. The Governing Body delegates the authority to determine reinstatement from disability retirement with a written "Delegation of Authority" (Resolution No. 3). A copy of the "Delegation of Authority" (Resolution No.3) should be attached to the Determination of Reinstatement from Disability Retirement (Resolution No. 7).

INSTRUCTIONS:

1. Use this clause when the reinstatement is approved and provide a return-to-work date if the retiree returns to the same employer who retired them. CalPERS will follow up with the prospective employer for a return-to-work date if the retiree is to reinstate with a different employer.
2. Use this clause when the reinstatement is denied and provide reasons for the denial.

SAMPLE RESOLUTION NO. 7

Pursuant to the authority delegated to me, under Government Code section 21173, by the action of _____ of _____ (hereinafter referred to (governing body) (name of agency)

As Agency) dated _____, I certify under penalty of perjury that this determination of reinstatement from disability retirement was made based on competent medical opinion.

An application for Reinstatement from Disability/Industrial Disability Retirement has been filed with the Agency by _____, who was retired by the Agency for the (retiree's name) position of _____ due to _____ condition(s), (job title) (disabling condition(s) and body part(s)) requesting to be reinstated with _____ in the position of _____. (employer's name) (job title)

After reviewing the duty statement, physical requirements and medical report(s) for the prospective position, and other evidence relevant to such approved condition(s), I hereby determinate that:

1) _____ is approved for his/her reinstatement application (retiree's name)

within the meaning of the California Public Employee's Retirement Law for the position of

_____ with _____ and (prospective job title) (employer's name)

_____ 's return to work date is _____. (retiree's name) (date)

His/Her disability retirement benefit will stop thereafter per Government Code section 21193.

OR

2) _____ is denied for his/her reinstatement application within the (retiree's name)

meaning of the California Public Employee's Retirement Law for the position of

_____ with _____ due to
(prospective job title) (employer's name)

_____. Appeal right has been provided to the retiree.
(reason)

_____ 's disability retirement benefit will be continued.
(retiree's name)

(Signature by delegated authority, job title and date)