



RETIRED EMPLOYEE APPROVALS FORM

LBNL 02.03.009-002 v. 4 (equivalent to University of California Human Resources Form UBEN 138)
Lawrence Berkeley National Laboratory (Berkeley Lab); 1 Cyclotron Road; Berkeley, CA 94720
SEE REVERSE FOR SIGNATURES, INSTRUCTIONS, AND DISCLAIMERS

This form must be completed to (1) hire a Lab/UC retiree in a Career, Term, or Rehired Retiree appointment, (2) to extend a Lab/UC retiree's current (Term or Rehired Retiree) appointment, or (3) update status of a retiree's appointment.

Section 1 - RETIREE INFORMATION

Retiree Name (Last, First, Middle Initial) _____
Berkeley Lab Employee ID Number _____ First retirement date _____
Retirement Election: Lump Sum Cashout Monthly Retirement Income
Suspend monthly UCRP retirement: Yes No Date Suspended _____

Appointment Details

Job Title _____ Division _____ Name of Hiring Supervisor: _____
Select Appointment Type: Rehired Retiree Term Career
Please note that if a retiree received a lump sum payment, the retiree can only be hired into a Rehired Retiree appointment.
Select Employment Action:
 New appointment Appointment Extension Rehire Other _____
Effective Date for new appointment _____ Target End Date for new appointment _____
Salary Amount _____ Monthly Hourly
Percent Time _____ [FLSA] Exempt Status Yes No

For Rehired Retiree and Term appointment extension:
Current Appointment End Date _____

For Rehired Retiree appointment extension OR for reemployment of rehired retiree if there is less than 4 months break in service since last rehired retiree appointment:
First Date Hired as a Rehired Retiree: _____ # of Years as a Rehired Retiree: _____
Total hours worked in rolling 12-month period: _____ As of: _____

Simultaneous appointment at a UC Campus

Will the retiree have a simultaneous appointment at a UC Campus? Yes No
If yes, provide details of the other appointment including % time at other campuses and the plan among the campuses to ensure the retiree does not work above 43%.

Justification Information

Describe the Laboratory need for the above action.

Transition Planning Information

List the activities (include timeline) to either (1) facilitate the knowledge transfer from the retiree to the employee(s) being mentored; (2) transfer the work from the retiree to a non-retiree employee; (3) transfer management of the project from the retiree to a non-retiree employee (if possible); or (4) state if there is no need for a transition plan.

Section 2 - EXCEPTIONS TO POLICY

Check all applicable boxes. If there is an exception to policy, provide a justification and send a signed copy of this form to Berkeley Lab's Policy Analyst.

- The retiree will temporarily be hired to fill a vacant Career position for training purposes or to complete a short-term assignment and there are no plans to recruit or fill the Career position within 30 days.
- The Division requested that the retiree works over 900 hours/43% time in a rolling twelve month period in a Rehired Retiree appointment.
- The Division requested the appointment period be longer than 12 months.
- Management approval was requested after the effective date of the action
- Other exception to policy: _____
- No exceptions

Justification:

Attachments:

Section 3 – Signatures

SUPERVISOR AUTHORIZED SIGNATURE _____

NAME (please print) _____ DATE _____ PHONE _____

DIVISION DIRECTOR AUTHORIZED SIGNATURE _____

NAME (please print) _____ DATE _____ PHONE _____

CHIEF HUMAN RESOURCES OFFICER AUTHORIZED SIGNATURE _____

NAME (please print) _____ DATE _____ PHONE _____

LAB DIRECTOR AUTHORIZED SIGNATURE _____

NAME (please print) _____ DATE _____ PHONE _____

Comments to Division:

- Final year approval
- Submit a revised justification
- Submit a revised transition plan
- Revised appointment end date _____
- Other _____

HR Center Initiator: _____ Date _____ Phone _____

INSTRUCTIONS

Please submit this approval document along with the completed *UCRP Retired Employee Election Form* (not required for Retired Employees who received a lump sum cashout) to your division's Human Resources Center at the time the Retired Employee is reemployed. • This form will be used for compliance and reporting. All information must be filled in. Your division's Human Resources Center can provide guidance and clarification for completing this form. • This form is not a substitute for the *Rehired Retiree Election Form* which must be filled out by any rehired retiree who elected Monthly Retirement Income.

Note for division HR Centers: For new hires / rehires, upload the approved form as an attachment in the job requisition in Taleo (Berkeley Lab's recruitment system). For all other transactions, upload the approved form as an attachment in the ePAF system in HRIS (Berkeley Lab's HR Information System).

DISCLAIMERS

Unless there is explicit and specific authorization for an action by this policy, the action is considered to be a variation from the policy and must be approved as follows: The President must endorse, and The Regents must approve, the variation to the policy for: • Retired Employees reemployed into SMG positions • Retired Employees whose annualized base salary plus any other cash compensation in the rehire position meets or exceeds the current Indexed Compensation Level. (The total compensation at the appointment rate in the rehire position will be used and not the conversion to derive a "full-time equivalent" amount, e.g., at 100 percent.) For Retired Employees reemployed into staff positions, requests for approval for variations from this policy must be reviewed and signed off on by the local Chief Human Resources Officer and documented and approved by the location's Executive Officer.

PRIVACY NOTIFICATIONS

STATE The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves. The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information. Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law. Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices. The official responsible for maintaining the information contained on this form is the Associate Vice President—University of California Human Resources and Benefits, 1111 Franklin Street, Oakland, CA 94607-5200.

FEDERAL Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article 1X, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011.6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.