



State of New Jersey • Department of the Treasury
DIVISION OF PENSIONS & BENEFITS — EXTERNAL AUDIT SECTION
 P.O. Box 295, Trenton, NJ 08625-0295
**EMPLOYER CERTIFICATION
 PURSUANT TO EXECUTIVE ORDER NO. 115**

This form is to be completed by the employer when hiring or increasing the hours of a retired public employee pursuant to Executive Order No. 115.

REEMPLOYMENT INFORMATION

Employer Name _____ County _____
 Location Number _____ Bureau Number _____ Payroll Number _____
If Applicable State Only
 Name of Retiree/Employee _____ Date of Birth ____/____/____
 Retirement or Former Membership Number _____ Date of Retirement ____/____/____
 Title/Position to be Held _____
 Rehire Date (or increase in number of hours from part-time to full-time) due to COVID19 emergency ____/____/____

EMPLOYER CERTIFICATION

The above-named retiree is offered temporary employment for the duration of the COVID-19 emergency pursuant to Executive Order No. 115. I have confirmed and certify the following:

1. The retiree and this employer did not engage in any pre-planning for this return to employment prior to the COVID-19 emergency.
 Yes No
2. The retiree has met a 30-day break-in-service from the date of retirement or Board approval, whichever is later, and is therefore considered a bona fide retiree. Yes No
3. This employer is the retiree's former employing location Yes No
 a. If Yes: Is the retiree returning to employment within 180 days of the retirement date pursuant to Executive Order No. 115?
 Yes No
4. Indicated below are the detailed work hours expected of the retiree during this temporary reemployment.

5. The retiree's return to employment is needed for the duration of the COVID-19 emergency. Indicated below are the retiree's required expertise and skills, and details about the retiree's general responsibilities.

I certify that the foregoing statements made by me are true and accurate and that I am subject to prosecution should they be knowingly false.

_____ / _____ / _____
Print Certifying Officer Name Signature Date

Phone Number _____ Ext. _____

Return this completed form to:
New Jersey Division of Pensions & Benefits
External Audit Section
P.O. Box 295
Trenton, NJ 08625-0295

You may also scan your completed forms and email with the subject line "RTE-External Audit" to pensions.nj@treas.nj.gov