STATE OF CALIFORNIA

RETIRED ANNUITANT REQUEST

DGS OHR 065 (**Rev. 07/2023**)

Reset

DEPARTMENT OF GENERAL SERVICES
Office of Human Resources

NEW REQUEST EXTENSION

SECTION 1 - POSITION REQUEST

DIVISION	OFFICE	UNIT / REGION
PROPOSED CLASSIFICATION	PROPOSED EFFECTIVE DATE	PROPOSED END DATE (MAX 12 MONTHS)

ESTIMATED NUMBER OF HOURS PER WEEK (NOT TO EXCEED 960 HOURS PER FISCAL YEAR)

EMPLOYEE RESOURCE LIAISON NAME	WORK PHONE NUMBER
HIRING MANAGER NAME	WORK PHONE NUMBER

SECTION 2 - JUSTIFICATION

PLEASE SELECT ONE OR MORE OF THE FOLLOWING TO DESCRIBE THE UTILIZATION OF THE RETIRED ANNUITANT:

MENTOR NEW EMPLOYEES

TRANSFER KNOWLEDGE AND PROVIDE EXPERTISE TO OTHER EMPLOYEES

COMPLETE A TIME LIMITED PROJECT; EXPECTED COMPLETION DATE

DESCRIBE IN DETAIL THE TEMPORARY NATURE OF THE ASSIGNMENT

DESCRIBE IN DETAIL THE MISSION CRITICAL WORK

DESCRIBE THE REASONS FOR THE CLASSIFICATION SELECTED

DESCRIBE THE CONSEQUENCES IF THIS REQUEST IS NOT APPROVED

SECTION 3 - RETIRED ANNUITANT INFORMATION (IF UNKNOWN, SKIP TO SECTION 5)

LAST NAME	FIRST NAME	MIDDLE INITIAL	RETIREMENT DATE

DESCRIBE THE QUALIFICATIONS OF THE RETIRED ANNUITANT

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SECTION 4 - EXCEPTION TO THE RETIRED ANNUITANT 180-DAY WAITING PERIOD

A retired person shall not be eligible as a retired annuitant for a period of 180 calendar days after the date of retirement unless the appointment is necessary to fill a critically needed function. The definition of critical need is an immediate need for a particular skill-set that only the retired annuitant can provide to complete a function of the department to meet one of the requirements outlined below and that cannot be met by a current state employee.

PLEASE SELECT ONE OR MORE OF THE FOLLOWING TO DESCRIBE THE CRITICAL NEED FOR THE RETIRED ANNUITANT

☐ LEGISLATIVE MANDATE ☐ COURT ORDERED MANDATE

☐ HEALTH AND SAFETY EMERGENCIES ☐ FISCAL IMPACT - LOSS OF FUNDING

☐ ANY DISRUPTION IN NORMAL BUSINESS THAT MAY RESULT IN FAILURE OF BUSINESS

DESCRIBE IN DETAIL THE BOX(ES) CHECKED ABOVE

SECTION 5 - REQUIRED APPROVALS

By writing my name below, I acknowledged I have read and approved the above request and certify the accuracy of the information provided.

REQUESTING OFFICE DEPUTY DIRECTOR APPROVAL	DATE SIGNED

By writing my name below, I acknowledged I have read and approved the above request.

OFFICE OF HUMAN RESOURCES CHIEF APPROVAL	DATE SIGNED

By writing my name below, I acknowledged I have read and approved the above request.

ADMINISTRATION DEPUTY DIRECTOR APPROVAL	DATE SIGNED

DGS RETIRED ANNUITANT CONTACT INFORMATION:
OFFICE OF HUMAN RESOURCES
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