HUMBOLDT STATE UNIVERSITY

REHIRED ANNUITANT CERTIFICATION

Date:	
Name:	-
Appointment Date:	
Department:	
I,, certify that I	have not received Unemployment
Insurance (UI) benefits during the past 12 months fo	r work performed as a rehired annuitant
for any public employer, in accordance with regulation	ons in Government Code section 7522.56
Public Employees' Retirement Law.	
Signature, Rehired Annuitant	 Date