

**KENTUCKY PUBLIC PENSIONS AUTHORITY**

1260 Louisville Road • Frankfort, KY 40601
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov

**Form 4225****Verification of Past Employment**

Revised 1/2026[04/2024]

Member Information

Member Name:		Member ID:	
<u>KPPA will update contact information for your retirement account based on the details provided below.</u>		State:	Zip Code:
Address:		City:	
Phone (select type) D Mobile D Home D Work		Email:	
Please indicate below the dates of your employment for which you are missing service credit. Upon review, it may be determined you are eligible to purchase retirement service from your past employment. Please have the employing agency of the time of service credit in question complete the form in its entirety and return to KPPA. Please Note: Only forms completed by an Authorized Agency contact of the employing agency will be considered.			
Name of Employer Verifying Employment:			
Dates of Past Employment <u>for Missing Service</u> :			

Employer Instructions: Please accurately complete all items on the remainder of this form.

An Agency Head or Reporting Official will need to complete the following fields in their entirety because:

- ~~The above member has contacted KPPA regarding employment with your organization. If any of the information provided by your organization is~~agency. An agency contact from the KPPA approved list will need to complete the proceeding fields in their entirety. If a member purchases service based on this information and it is found at a later date that the information was incorrect, in compliance with KRS 61.685(1) and 78.545, KPPA[the retirement office] will correct any errors upon subsequent discovery, which may include the reduction of[and reduce] the member's service and benefits;[if necessary.]

-OR-

- KPPA has identified an employee in a regular full-time position for previous periods that were not reported by your organization in accordance with KRS 16.543, 61.543, 61.675, 78.615, and 78.625.

~~[Your prompt reply is requested as the member's cost may increase each month.]~~

Please note the following:

- All applicable fields should be completed. If you are unable to provide information for all of the requested fields, please provide an explanation. Failure to verify all requested information may require a representative of KPPA to follow up or could[even] cause the form to not be considered by KPPA.["invalid."]
- Each line item should be verified based upon fiscal year, NOT calendar year (i.e. July 1, 1995 to June 30, 1996).
- Please provide the exact start and end dates of the period(s) of service in question (i.e. If an employer is verifying three months of seasonal, full-time service that[which] began September 1st and ended January 30th[in May and ended in July], September 1st to January 30th[May to June] would be verified on one line)[and July to July would be verified on a separate line]).
- If the member was employed during more than four (4) fiscal years[for more years than were provided], please copy page two 2 and complete/attach the additional pages to this form when you return the form to KPPA[~~sheets~~].
- Classified employees of school boards must average eighty (80) or more hours of work per month over a calendar or fiscal year to be eligible for service credit. All other employees[service eligible to purchase] must average one hundred (100) or more hours of work per month over a calendar or fiscal year to be eligible for service credit.
- If the member was on an approved leave of absence, please specify the leaves dates as well as the type of leave (i.e. maternity, military leave, sick leave without pay, etc.).
- If the member provided services to the employer under a contract, please submit a copy of the contract to KPPA along with this form.

Your prompt reply is required pursuant to 105 KAR 1:140.

Retirement Coverage (To be completed by the employer)

Please answer the following questions about the member's past employment, then verify this service on the next page.

- Did the member participate in an agency sponsored pension plan? D Yes D No
- If the answer to question 1 is yes, was it a: D Defined Benefit Plan D Defined Contribution Plan
- Did member take a refund from the plan upon termination? D Yes D No

When all sections have been completed, please submit this form to KPPA. Employers may~~[please return this form to]:~~

- Email the form using the KPPA Secure Email Portal
- Submit the form through Employer Self Service at MyRetirement.ky.gov
- Fax the form to 502-696-8822
- Mail the form to 1260 Louisville Road, Frankfort, KY 40601

~~[Kentucky Public Pensions Authority
1260 Louisville Road
Frankfort, KY 40601-6124]~~

Past Employment Service

Member Name:			Member ID:		Employer:		
Fiscal Year (Mo/Day/Yr) Show breaks in service	No. of Months Worked	School Board Use Only	Hours Worked Per Day	Hourly Wage	Actual Wages Earned for Year	Notes	
Begin Date End Date		Contract Days No. of Actual Days Worked					
Position Title: (E.g. Bus Driver, Secretary, etc.)			Position Status: (E.g. Regular full-time, part-time, seasonal full-time, Temporary full-time, etc.)				
Fiscal Year (Mo/Day/Yr) Show breaks in service	No. of Months Worked	School Board Use Only	Hours Worked Per Day	Hourly Wage	Actual Wages Earned for Year	Notes	
Begin Date End Date		Contract Days No. of Actual Days Worked					
Position Title: (E.g. Bus Driver, Secretary, etc.)			Position Status: (E.g. Regular full-time, part-time, seasonal full-time, Temporary full-time, etc.)				
Fiscal Year (Mo/Day/Yr) Show breaks in service	No. of Months Worked	School Board Use Only	Hours Worked Per Day	Hourly Wage	Actual Wages Earned for Year	Notes	
Begin Date End Date		Contract Days No. of Actual Days Worked					
Position Title: (E.g. Bus Driver, Secretary, etc.)			Position Status: (E.g. Regular full-time, part-time, seasonal full-time, Temporary full-time, etc.)				
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Begin Date End Date		Contract Days No. of Actual Days Worked					
Position Title: (E.g. Bus Driver, Secretary, etc.)			Position Status: (E.g. Regular full-time, part-time, seasonal full-time, Temporary full-time, etc.)				
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Begin Date End Date		Contract Days No. of Actual Days Worked					
Position Title: (E.g. Bus Driver, Secretary, etc.)			Position Status: (E.g. Regular full-time, part-time, seasonal full-time, Temporary full-time, etc.)				

Certification Please Note: Only forms completed by an Agency Head or Reporting Official will be considered by KPPA.

I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to penalty of perjury in accordance with KRS 523.010, et seq. I further acknowledge that if I knowingly submit or cause to be submitted a false or fraudulent claim for the payment or receipt of benefits, the employer I represent, and I (personally) may be liable for restitution of the benefits for which the member was not eligible to receive, civil payments, legal fees, and costs. [state that I have full knowledge of the penalty in KRS 523.100 related to falsification of records and the information provided is true and accurate].

Printed Name: _____

Signature: _____

Title: _____

Date: _____

Daytime Phone: _____