

**KENTUCKY PUBLIC PENSIONS AUTHORITY**1260 Louisville Road • Frankfort, KY 40601
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov**Form 6752**

12/2023

Employer Certification of Independent Contractor / Leased Employee**Member Information**

Reemploying Employer:	Employer Code:
Member Name:	Member ID:
Start date:	

Printed full name of the **agency head, appointing authority or authorized designee** of the employer participating in the Kentucky Public Pensions Authority completing this form: _____

Participating Employer Inquiry (Must provide a response to all questions)

As the agency head, appointing authority or authorized designee of the employer, I have conducted an inquiry and confirm the following:

- The above referenced member will be providing services as: ☐ An Independent Contractor ☐ A Leased Employee
- The participating employer will issue the member an: ☐ IRS Form W-2 ☐ IRS Form 1099-MISC
- The participating employer previously employed the member as: ☐ An Employee ☐ Independent Contractor
☐ Leased Employee ☐ None

YES NO

☐	A third party or staffing company is responsible for paying the member's salary or wages for services provided to the participating employer.
☐	Both the participating employer and the member will retain the right to voluntarily terminate the work relationship without liability or penalty.

YES NO The Participating Employer:

☐	Is responsible for FICA taxes or reimbursement of FICA taxes for the member.
☐	Issued a Request for Proposal (RFP) to the general public soliciting the services now to be provided by the member.
☐	Will require the member to comply with their instructions related to when, where and how services are to be provided.
☐	Will require the member to adhere to established work schedules and agency hours of operation.
☐	Will provide the member with training, which may include attending meetings and working with experienced employees of the participating employer.
☐	Will require the member to provide services on-site with access and usage of the participating employer's tools and equipment.
☐	Will require the member to provide regular written or oral progress / completion reports related to the services provided.
☐	Will require the member to work full-time.
☐	Will pay the member a flat fee for all services provided.
☐	Will pay the member a salary or hourly wage for a specified duration of time for services provided.
☐	Will reimburse the member for any business or travel expenses incurred while performing services.
☐	Will permit the member to provide similar services to other participating employers, business entities or the general public at the same time the member is performing services for the participating employer.
☐	Will allow the member to subcontract other persons on behalf of the member to provide services for the participating employer.
☐	Will permit the member to hire and supervise employees for the participating employer in the performance of these services.

Participating Employer Supporting Documentation (Must select and provide at least one)

Indicate which of the following **REQUIRED** documents pertaining to the member's employment relationship with the participating employer are attached to this Form 6752: (check all applicable)

- ☐ A complete copy of the labor contract entered into between the participating employer and member.
- ☐ A complete copy of the labor contract entered into between the participating employer and a third party or staffing service related to the member's reemployment with the participating employer.
- ☐ A complete copy of the Request for Proposal (RFP) for the solicitation of services that are to be provided by the member and responses submitted.
- ☐ Other (please specify): _____

Participating Employer Certification

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 benefit, 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.

Signature: _____ Job Title: _____ Date: _____

EXAMPLE