

**KENTUCKY PUBLIC PENSIONS AUTHORITY**1260 Louisville Road • Frankfort, KY 40601
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov**Form 6767**

Revised

09/2026 03/2024

Appointment of Retired Postsecondary Institution or Kentucky State Police School Resource Officer

IMPORTANT NOTICE: This form is to identify a current/retired Kentucky State Police officer, CVE R Class, or Trooper R class employed by a school district in the capacity of a Kentucky State Police School Resource Officer (KSPSRO) in accordance with KRS 158.441, or a retired police officer employed by a postsecondary institution pursuant to KRS 164.952. Please attach a copy of the member's KSPSRO employment contract.

Member Information

Member Name:	Member ID:
Employer Name: <u>Reemploying Employer</u>	Employer Code:
Did the Member retire as a police officer pursuant to KRS 164.950-164.980?	<u>Yes</u> <u>No</u>

Appointment Information

Date of the Appointment:			
Initial Appointment	<u>Yes</u>	<u>No</u>	
Term of Appointment (Postsecondary appointment cannot exceed one year):			

Employer Certification

Pursuant to Penalty of Perjury, I certify that the following statements are true:

- ~~1. My name is _____ and I hold the position of _____ for the school district listed above.~~
- ~~2. The member identified above possesses sworn law enforcement authority and has specialized training in school-based policing and crisis response including all training required of a school resource officer.~~
- ~~3. The member identified above is a Kentucky State Police officer, CVE R Class, or Trooper R class, as identified in KRS 16.010, and will be employed by the school district as a KSPSRO. Any salary or wages paid to the member for services as a KSPSRO shall be excluded from creditable compensation pursuant to KRS 16.505(8)(c), 61.510(13)(c), and 78.510(13)(c).~~
- ~~4. The return to employment for the member identified above is consistent with KRS 61.637 and 78.5540 and, if reemploying within twelve (12) months of retirement, the member has received a response from Kentucky Public Pensions Authority authorizing this return to employment.~~
- ~~5. I acknowledge that Kentucky Public Pensions Authority shall administer the member's employment in the capacity of a KSPSRO upon submission of this properly completed form and a copy of the member's employment contract entered into pursuant to the KSPSRO program.~~

1. My name is (print name clearly) _____ . I hold the position of _____ and I am the agency head or authorized designee of the participating employer where the member identified above will be employed.
2. The member identified above (circle one)
 - a. Is a sworn law enforcement or special law enforcement officer appointed pursuant to KRS 61.902 who has specialized training to work with youth at a school site and will be employed as a school resource officer as defined by KRS 158.441.

b. Possesses sworn law enforcement authority and has specialized training in school-based policing and crisis response, including all training required of a school resource officer; is a Kentucky State Police officer (CVE or Trooper R class) pursuant to KRS 16.010; and will be employed by the school district as a KSPSRO. Any salary or wages paid for KSPSRO services shall be excluded from creditable compensation pursuant to KRS 16.505(8)(c), KRS 61.510(13)(c), and KRS 78.510(13)(c).

c. Participated in the Kentucky Law Enforcement Foundation program and I have provided a certificate of participation from the KY Department of Criminal Justice Training, retired as a commissioned officer pursuant to KRS Chapter 16, or retired as a police officer from a postsecondary institution.

3. Reemployment of the member identified above is consistent with KRS 61.637 and 78.5540 and, if reemploying within twelve (12) months of retirement, the member has received authorization from KPPA to return to employment.
4. I acknowledge that KPPA shall administer the member's reemployment pursuant to KRS 61.637 and 78.5540 including requiring this entity to pay any retirement contributions owed until the first month following submission of all proper documentation.

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, I and 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 _____

Date: _____

:

Title: _____