

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



Revised 12/2023

## **Appointment of 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. Please attach a copy of the member's KSPSRO employment contract.

Mem	nber Information	ASSESSMENT	
Member Name:		Member ID:	
Employer Name:		Employer Code:	
Appo	ointment Information		
Date	e of the Appointment:		
Emp	oloyer Certification		
Pι	ursuant to Penalty of Perjury, I certify that the following statements are	true:	
1.	My name is	and I hold the position of I district listed above.	
2.	<ol><li>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.</li></ol>		
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.		
th: pe	nereby certify that the information completed on this form is true and act any person who provides a false statement, report, or representation enalty of perjury in accordance with KRS 523.010, et seq. I further acknowledge a false or fraudulent claim for the payment or receipt of benefits for restitution of the benefits for which the member was not eligible.	n to a governmental entity such as KPPA is subject to nowledge that if I knowingly submit or cause to be it, the employer I represent, and I (personally) may be	
Sie	gnature:	Date:	
)	<u></u>		
Ti	itle:		