

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

Print Form

Form 6770
Revised 12/2023**City Appointment of Retired Police Officer****IMPORTANT NOTICE: The appointing employer will be invoiced unless this form is fully completed, all supporting documentation is submitted along with this form, and a response to a properly submitted Form 6751 has been issued by the Kentucky Public Pensions Authority.****Member Information**

Member Name:	Member ID:
Reemploying City:	Employer Code:
Did the member retire as a police officer as defined by KRS 70.291? ☐ Yes ☐ No	
Initial Appointment: ☐ Yes ☐ No	Date of the Appointment:
Term of 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 am the Chief of Police for the city of _____, which will be employing the member identified above;
The member identified above participated in the Kentucky Law Enforcement Foundation program and I have provided a certification of participation from the Kentucky Department of Criminal Justice Training, which administers the program;
3. The member identified above retired on _____ from _____ with no administrative charges pending and I have attached a notarized statement from the agency listed above certifying that there were no pending administrative charges at the time of the member's retirement;
4. The return to employment for the member identified above is consistent with KRS 61.637 and 78.5540 and the member has received a response from Kentucky Public Pensions Authority approving this return to employment following the submission of Form 6751; and
5. I acknowledge that if I fail to submit this Form prior to the beginning of the member's term of appointment that Kentucky Public Pensions Authority shall administer the member's reemployment pursuant to KRS 61.637 and 78.5540 until the first month following submission of the 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, 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: _____