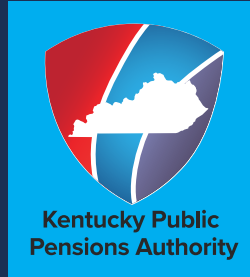


Public

EMPLOYER REPORTING, COMPLIANCE & EDUCATION



EMPLOYER REPORTING MANUAL

Appendix A FORMS

PUBLISHED 07/2021

TABLE OF CONTENTS

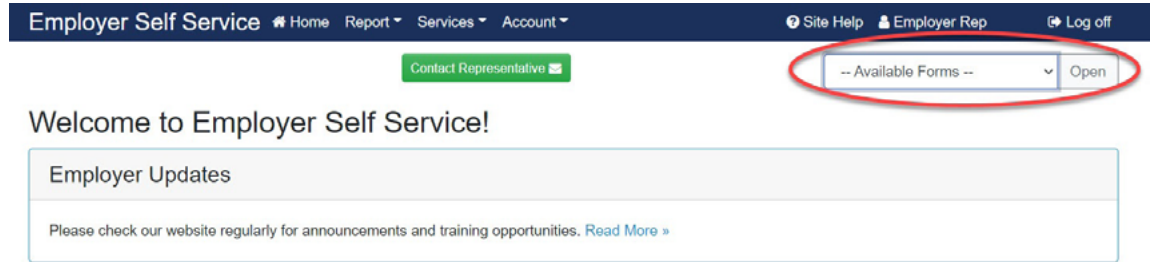
E-FORMS	<u>3</u>
OTHER FORMS.....	<u>3</u>
SUBMIT FORMS	<u>3</u>
E-FORM 2011, HAZARDOUS DUTY CERTIFICATION H.P.-2.....	<u>4</u>
E-FORM 2020, ADVICE OF PERSONNEL ACTION	<u>5</u>
E-FORM 2023, LEAVE WITHOUT PAY VERIFICATION	<u>6</u>
E-FORM 4150, CERTIFICATION OF EMPLOYMENT IN A HAZARDOUS POSITION	<u>7</u>
E-FORM 4225, VERIFICATION OF PAST EMPLOYMENT	<u>9</u>
E-FORM 6000H, CERTIFICATION OF LEAVE BALANCES AND FINAL SALARY	<u>11</u>
NEW MEMBER FORMS	<u>13</u>
FORM 2012, ELECTION OR REJECTION OF PARTICIPATION FOR MAYORS AND MEMBERS OF CITY LEGISLATIVE BODIES.....	<u>14</u>
FORM 2110, RETIREMENT SYSTEM DETERMINATION COUNTY ATTORNEY EMPLOYEES.....	<u>15</u>
FORM 6487, MEMBER PENSION SPIKING EXEMPTION.....	<u>16</u>
FORM 6500, SICK LEAVE AUTHORIZATION - STANDARD PROGRAM	<u>18</u>
FORM 6501, SICK LEAVE AUTHORIZATION - ALTERNATE PROGRAM.....	<u>19</u>
FORM 6751, EMPLOYER CERTIFICATION REGARDING REEMPLOYMENT	<u>21</u>
FORM 6752, EMPLOYER CERTIFICATION OF INDEPENDENT CONTRACTOR / LEASED EMPLOYEE.....	<u>22</u>
FORM 6753, EMPLOYER CERTIFICATION OF VOLUNTEER.....	<u>23</u>
FORM 6760, COUNTY POLICE OR SHERIFF APPOINTMENT OF RETIRED POLICE OFFICER	<u>24</u>
FORM 6764, RECERTIFICATION OF RETIRED POLICE OFFICER	<u>25</u>
FORM 6766, APPOINTMENT OF RETIRED SCHOOL RESOURCE OFFICER	<u>26</u>
FORM 6767, APPOINTMENT OF KENTUCKY STATE POLICE SCHOOL RESOURCE OFFICER	<u>27</u>
FORM 6768, POSTSECONDARY INSTITUTION APPOINTMENT OF RETIRED POLICE OFFICER.....	<u>28</u>
FORM 6769, CERTIFICATION OF EMPLOYED POLICE OFFICERS CALENDAR YEAR 2015.....	<u>29</u>
FORM 6770, CITY APPOINTMENT OF RETIRED POLICE OFFICER	<u>30</u>
FORM 6774, CITY RECERTIFICATION OF RETIRED POLICE OFFICER	<u>31</u>
FORM 7071, EMPLOYER SELF SERVICE EMPLOYER ADMINISTRATOR ACCOUNT CREATION REQUEST	<u>32</u>
FORM 7072, REPORTING/BALANCING EMPLOYER ACKNOWLEDGMENT	<u>33</u>
FORM 7250, VERIFICATION OF PAYMENTS OUTSIDE REGULAR WAGES.....	<u>34</u>
FORM 7851, DATA USE AGREEMENT	<u>35</u>
FORM 8030, EMPLOYER JOB DESCRIPTION	<u>36</u>

SELF SERVICE

LOGIN 

E-FORMS

After signing in to Employer Self Service (ESS), you can select Available Forms from the drop-down list. E-forms can be submitted in ESS with an employer Personal Identification Number (PIN). Other forms can be printed and submitted by mail or fax. The following e-forms are available in ESS:



- [E-form 2011, HAZARDOUS DUTY CERTIFICATION H.P.-2](#)
- [E-form 2020, ADVICE OF PERSONNEL ACTION](#)
- [E-form 2023, LEAVE WITHOUT PAY VERIFICATION](#)
- [E-form 4150, CERTIFICATION OF EMPLOYMENT IN A HAZARDOUS POSITION](#)
- [E-form 4225, VERIFICATION OF PAST EMPLOYMENT](#)
- [E-form 6000H, CERTIFICATION OF LEAVE BALANCES AND FINAL SALARY](#)
- [E-form 8030, EMPLOYER JOB DESCRIPTION](#)

OTHER FORMS

After signing in to ESS, you can select other Available Forms from the drop-down list. Some forms are also available on the KPPA website.

For questions regarding forms, please contact your ERCE representative.



[Contact ERCE](#)

SUBMIT FORMS

E-FORMS: Use your employer PIN and submit the form in ESS.

PRINTED FORMS: You may submit printed forms to the Division of Employer Reporting, Compliance and Education by mail or fax.

Mail to: 1260 Louisville Road, Frankfort, KY 40601

Fax to: (502) 696-8822

[TABLE OF CONTENTS](#)

E-FORM 2011, HAZARDOUS DUTY CERTIFICATION H.P.-2

SELF SERVICE

LOGIN 



STATUTE
KRS 61.592

Each time an employee begins a new hazardous position, this form must be completed. This form should be completed upon initial hire of the employee and then each time the employee changes his or her job position. This form certifies the effective date the employee began working in the position, the position to which the employee is assigned and the date the employee had a physical examination as required by [Kentucky Revised Statute 61.592\(5\)](#). This statute also requires that a copy of the physical examination be retained on file by the employer. A copy of the physical examination should be provided to KPPA.

Step 1

Complete the fields for requested information:

FIELD NAME	DESCRIPTION
Member Name	Member's full legal name.
Member ID	Unique identifier assigned by KPPA for each member.
Age	Member's age rounded to the nearest whole number.
Title of Position	Employee's position title.
Effective Date of Coverage	Date the employee is first employed in this position.
KPPA Participation Date	Date the employee first began participating with KPPA.
Date of Physical Examination	Date the employee received a physical examination with the employing agency.
Employer	Name of the employing agency, not just an agency department.
Agency Head or Authorized Agent	Signature of person verifying the requested information - only to be completed if the form is printed and mailed or faxed.
Date	Date the form is completed.
Enter PIN	4-digit employer PIN assigned to the employer contact - used as a digital signature as well as a security measure when forms are completed and submitted online.

Step 2

Enter your employer PIN and click Submit Form.

Step 3

You will receive confirmation that the form has been submitted.

E-FORM 2020, ADVICE OF PERSONNEL ACTION

SELF SERVICE

LOGIN 

This form will be required to document an Employment Begin Date, Eligibility Date, or Employment End Date for an employee who is not currently reported on the monthly detail report. A KPPA representative will call the employer or send a letter when the Advice of Personnel Action is required for a member.

Step 1

Complete the fields for requested information:

FIELD NAME	DESCRIPTION
Member Name	Member's name on record with KPPA.
Member ID	Unique identifier assigned by KPPA for each member.
Employment Begin Date	Date the member's employment began with the employer, regardless of the position status. Include the month, day and year.
Eligibility Date	Date the member became eligible to contribute to KPPA based on position status. Include the month, day and year.
Employment End Date	Date the member terminated employment with the employer. Include the month, day and year.
Employer Name	Name of the employing agency, not just an agency department.
Employer Code	4 or 5-digit unique employer code assigned by KPPA to each employer.
Phone Number	Phone number where the person verifying the information may be reached in case of questions.
Signature	Signature of person verifying the requested information - only to be completed if the form is printed and mailed or faxed.
Date	Date the form is completed.
Title	Job title of person verifying the requested information.
Comments	Additional information should be included here, if deemed necessary.
Enter PIN	4-digit employer PIN assigned to the employer contact - used as a digital signature as well as a security measure when forms are completed and submitted online.

Step 2

Enter your employer PIN and click [Submit Form](#).

Step 3

You will receive confirmation that the form has been submitted.

E-FORM 2023, LEAVE WITHOUT PAY VERIFICATION

SELF SERVICE

LOGIN 

This form will need to be completed when an employee begins and ends a period of leave without pay. In the monthly packet, the employer will receive a Leave Without Pay Report listing those employees who were on the previous month's report with this payment reason. The Form 2023 should be completed for each employee listed on that report.

Step 1

Complete the fields for requested information:

FIELD NAME	DESCRIPTION
Member Name	Member's full legal name.
Member ID	Unique identifier assigned by KPPA for each member.
Leave without Pay Begin Date	Date the member's period of leave without pay began - include the month, day and year.
Leave without Pay End Date	Date the member's period of leave without pay ended - include the month, day and year.
Type of Leave	Select the type of leave without pay the employee is utilizing.
Employer Name	Name of the employing agency, not just an agency department.
Employer Code	4 or 5-digit unique employer code assigned by KPPA to each employer.
Phone Number	Phone number where the person verifying the information may be reached in case of questions.
Signature	Signature of person verifying the requested information - only to be completed if the form is printed and submitted by mail or fax.
Date	Date the form is completed.
Title	Job title of person verifying the requested information.
Enter PIN	4-digit employer PIN assigned to the employer contact - used as a digital signature as well as a security measure when forms are completed and submitted online.

Step 2

Enter your employer PIN and click [Submit Form](#).

Step 3

You will receive confirmation that the form has been submitted.

E-FORM 4150, CERTIFICATION OF EMPLOYMENT IN A HAZARDOUS POSITION

SELF SERVICE

LOGIN 

This form verifies that an employee previously worked in a position which is now approved as hazardous. This verification is used to determine an employee's eligibility to convert nonhazardous service credit to hazardous, as well as to verify whether a retiring employee is eligible for increased health insurance benefits.

Step 1

Complete the fields for requested information:

FIELD NAME	DESCRIPTION
Member Name	Member's full legal name.
Member ID	Unique identifier assigned by KPPA for each member.
Address	Street address or PO Box at which the employee receives mail.
City	City
State	State
Zip Code	Zip Code
Home Phone	Home phone number of employee.
Work Phone	Work Phone number of employee.
Employer	Name of the employing agency, not just an agency department.
Job Title	Employee's position title held during the verified time period.
Employer Dates - From	First date worked in the position being verified.
Employer Dates - To	Last date worked in the position being verified. If employee is currently in the position, indicate "to present".
Personnel Administrator Name	Printed name of person verifying the requested information.
Personnel Administrator Signature	Signature of person verifying the requested information - only to be completed if the form is printed and submitted by mail or fax.
Date	Date the form is completed.
Phone Number	Phone number where the person verifying the information may be reached in case of questions.

FIELD NAME	DESCRIPTION
Enter PIN	4-digit employer PIN assigned to the employer contact - used as a digital signature as well as a security measure when forms are completed and submitted online.

Step 2

Enter your employer PIN and click **Submit Form**.

Step 3

You will receive confirmation that the form has been submitted.

E-FORM 4225, VERIFICATION OF PAST EMPLOYMENT

SELF SERVICE

LOGIN 



While all service and wage information is reported monthly through the contribution detail record, an employee's past service with an employer may still need to be verified for service purchases or service/wage audits. When necessary, the employer will use the [Form 4225](#) to verify the period of employment or leave.

Step 1

Complete the fields for requested information:

FIELD NAME	DESCRIPTION
Member Name	Member's full legal name.
Member ID	Unique identifier assigned by KPPA for each member.
Address	Street address or PO Box at which the employee receives mail.
City	City
State	State
Zip Code	Zip Code
Home Phone	Home phone number of employee.
Work Phone	Work Phone number of employee
Name of Employer Verifying Employment	Name of the employing agency, not just an agency department.
Date of Past Employment	Time period being verified on form.
Retirement Coverage	Answer the three questions regarding participating in pension plans <i>other than KPPA</i> .
Fiscal Year Begin Date	First date worked in the fiscal year being verified. List each fiscal year the employee worked separately. Remember that the KPPA fiscal year is from July to June. If an employee has a break in employment, please indicate the break in service as a separate line entry and the reason for the break in the notes section.
Fiscal Year End Date	Last date worked in the fiscal year being verified. List each fiscal year the employee worked separately. Remember that the KPPA fiscal year is from July to June. If an employee has a break in employment, please indicate the break in service as a separate line entry and the reason for the break in the notes section.



[READ MORE Appendix B](#)

[Chapter 2: Employee Reporting](#)

FIELD NAME	DESCRIPTION
No. of Months Worked	Number of months worked in that fiscal year. Months should be rounded up to the next whole number. For example, if an employee worked 11 months and 10 days, list 12 months.
Contract Days	Number of days the employee was contracted to work during the school year (For use by School Board Employers only).
No. of Actual Days Worked	List the number of days the employee actually worked during the school year (For use by School Board Employers only).
Hours Worked Per Day	Employee's scheduled hours per day, during that time period, based on a five-day work week, prior to any adjustments for flexible or alternate work schedules.
Hourly Wage	Calculate the employee's rate of pay as an hourly amount and list it in this field.
Actual Wages Earned for Year	Employee's wages earned <i>in the fiscal year</i> , not the calendar year.
Position Title	Employee's position title held during the verified time period.
Position Status	Select the employee's position status during the verified time period from the drop-down list (if e-form) or write it in (if paper form). See Chapter 2 and/or Appendix B for more information regarding position status.
Notes	Include other pertinent information.
Daytime Phone	Phone number where the person verifying the information may be reached in case of questions.
Signature	Signature of person verifying the requesting information - only to be completed if the form is printed and submitted by mail or fax.
Date	Date the form is completed.
Title	Job title of person verifying the requested information.
Enter PIN	4-digit employer PIN assigned to the employer contact - used as a digital signature as well as a security measure when forms are completed and submitted online.

Step 2

Enter your employer PIN and click **Submit Form**.

Step 3

You will receive confirmation that the form has been submitted.

E-FORM 6000H, CERTIFICATION OF LEAVE BALANCES AND FINAL SALARY

SELF SERVICE



PDF LINK
e6000H
Certification
Completion
Guide



VIDEOS

Form 6000
Section H



MEMBER FORMS
FORM 6000

This form must be completed when a member applies for retirement. Section H of the [Form 6000](#) must be completed by the employer to certify leave balances and final salary. Employers should include any salary yet to be reported to KPPA through the member's anticipated termination date. This information must be certified by the employer in order for that information to be included in the member's estimated retirement allowance.

Section H may be completed in ESS. Please refer to the [e6000H Certification Completion Guide](#) for additional information.

Complete the fields for requested information:

FIELD NAME	DESCRIPTION
Employer Name	Name of the employing agency, not just an agency department.
Employer Code	4 or 5-digit unique employer code assigned by KPPA to each employer.
Member Name	Member's full legal name.
Member ID	Unique identifier assigned by KPPA for each member.
Termination Date	Last date of paid employment with employer.
Employer's Report of Leave Balances as of:	Date that the leave balances are verified.
Compensatory Leave Balance	Balance of unused compensatory leave in hours.
Alternate Average Working Days per Month	Average number of working days in a month for employees on an alternate work schedule. For example: An employee's regular schedule (not modified schedule) is only 4 days per week. That employee works an average of 17.333 days per month.
Accumulated Sick Leave (in hours)	Balance of total unused sick leave in hours. For use by employers who participate in the Standard Sick Leave Plan.
Accumulated Sick Leave (in days)	Balance of total unused sick leave in days. For use by employers who participate in the Alternate Sick Leave Plan.
Sick Leave Accrual Rate	The number of hours equal to one sick leave day.
Employer's Report of Final Salary	Salary the employee is expected to earn between the last salary reported to KPPA as of the date this form is completed and the employee's termination date. The reported salaries should be listed separately by posting month and/or payment reason.



FIELD NAME	DESCRIPTION
Posting Month	The year and month to which a transaction is to be applied.
Payment Reason	Designates the type of reported compensation which explains fluctuations in salary and impacts service credit, eligibility for benefits and benefit calculations. May only use Regular Pay, Regular Pay with Additional Creditable Compensation, Lump Sum Compensatory Pay, or Bonus/Severance Pay. Please see Appendix B for more information.
Salary	Actual or estimated wages expected to be paid to the employee.
Printed Name of Agency Official	Printed name of person verifying the requested information.
Title	Title of person verifying the information.
Agency Phone Number	Phone number where the person verifying the information may be reached in case of questions.
Signature of Agency Official	Signature of the person verifying the requested information.
Date	Date the form is completed.

NEW MEMBER FORMS

When a new employee is reported to KPPA, an enrollment record is created. If the employee is a new member, KPPA sends a welcome letter and issues a Personal Identification Number (PIN).



MEMBER FORMS
KPPA WEBSITE

Once a new member's contributions have posted to their account, KPPA mails a Member Welcome letter which includes [Form 2035, Beneficiary Designation](#) and [Form 2001, Membership Information](#). The new member will receive their KPPA PIN in a separate letter.

New members should complete and submit the Form 2001 and Form 2035 to KPPA.

If there is not a valid Form 2035 on file with KPPA prior to the member's death, the member's estate is the default beneficiary. ***For this reason, employers should not hold beneficiary forms in an employee's personnel file. If the member provides a Form 2035 to their employer, the employer should forward the form to KPPA immediately upon receipt.*** The member may change the beneficiary of their retirement account at any point during their employment by submitting a new Form 2035 to KPPA.



SELF SERVICE



Members can access forms on our website and in Member Self Service. Forms and documents may be uploaded in Member Self Service or submitted by mail or fax.

FORM 2012, ELECTION OR REJECTION OF PARTICIPATION FOR MAYORS AND MEMBERS OF CITY LEGISLATIVE BODIES

SELF SERVICE

LOGIN 



READ MORE
[Chapter 2:
Employee
Reporting](#)

Upon initial election to the position, each elected city official in a regular full-time position should complete the Form 2012. For more information regarding elected city officials, please refer to the job position section of [Chapter 2](#).

Complete the fields for requested information:

FIELD NAME	DESCRIPTION
Member Name	Member's full legal name.
Social Security Number	Social Security Number of the elected official.
City	Name of the employing city.
Position Title	Employee's position title.
Elect	Employee elects participation in CERS.
Reject	Employee rejects participation in CERS.
Signed	Signature of the elected official.
Witness	Signature of the person witnessing the signature of the elected official.
Date	Date the form is completed.

FORM 2110, RETIREMENT SYSTEM DETERMINATION COUNTY ATTORNEY EMPLOYEES

SELF SERVICE

LOGIN 



[KAR Chapter 105](#)



[READ MORE
Chapter 2:
Employee
Reporting](#)

The County Attorney is required to determine which system an employee will participate in based upon the employee's job duties. Form 2110 should be completed and filed with KPPA as required by [105 Kentucky Administration Regulation 1:250](#). For more information, please refer to the job position section of [Chapter 2](#).


Complete the fields for requested information:

FIELD NAME	DESCRIPTION
Employee Name	Member's full legal name.
Member ID	Unique identifier assigned by KPPA for each member.
Employment Date	Date the employee is first employed in this position.
Position Title	Employee's position title.
Employer Name	Name of the employing agency, not just an agency department.
Retirement System Membership Determination	Select the retirement system that best matches the employee's job duties.
Signature	Signature of the employee.
Date	Date the form is completed.
Signed	Signature of the person verifying the information.
Title	Title of the person verifying the information.

FORM 6487, MEMBER PENSION SPIKING EXEMPTION



STATUTE
KRS 61.598

 **PDF LINK**
Quick Guide
Form 6487

A Form 6487 is mailed to the employer when an increase in creditable compensation greater than the 10% increase limitation allowed per [Kentucky Revised Statute 61.598](#) has been identified in a retiring employee's last five fiscal year wages. This form must be completed by the Agency Head or Primary Reporting Official and returned to KPPA no later than thirty days from the mailing date.

Please refer to the [Quick Guide to Completing Form 6487](#) for detailed instructions on how to properly complete the form.

FIELD NAME	DESCRIPTION
Employer	Name of the employing agency, not just an agency department. KPPA will complete this field prior to sending the form to the employer.
Employer Code	4 or 5-digit unique employer code assigned by KPPA to each employer. KPPA will complete this field prior to sending the form to the employer.
Member Name	Member's full legal name. KPPA will complete this field prior to sending the form to the employer.
Member ID	Unique identifier assigned by KPPA for each member. KPPA will complete this field prior to sending the form to the employer.

PART 1 - MEMBER PENSION SPIKING EXEMPTIONS

No Exemptions	Mark the No Exemptions check box if pension spiking is not due to a reporting issue or statutory approved exemption.
Exemptions	<p>Mark the Exemptions check box if pension spiking is due to:</p> <ul style="list-style-type: none"> • One of the three statutory exemptions, or • Improper reporting of Leave without Pay, Alternate Sick Leave, or Lump Sum Compensatory Pay at Termination records. Make a notation below the exemptions box that pension spiking is due to a reporting issue that needs correction. <p><i>The Reporting Official will need to correct the reporting issue in ESS using the Adjustments module or contact their ERCE representative for assistance.</i></p>

PART 2 - EXEMPTION AMOUNTS

Bona Fide Promotion or Career Advancement	Enter the difference in salary paid after the promotion or career advancement in the fiscal year it was paid.
Increases attributable to overtime due to a state of emergency	Enter the total overtime amount in the fiscal year it was paid for the emergency event. If the emergency overlaps multiple fiscal years, enter the correct amount paid for each fiscal year.



Contact ERCE

FIELD NAME	DESCRIPTION
Increases attributable to overtime hours worked due to a state or federal grant	Enter the total overtime amount in the fiscal year it was paid under the grant provisions. If the grant overlaps multiple fiscal years, enter the correct amount paid for each fiscal year.
PART 3 - BONA FIDE PROMOTION OR CAREER ADVANCEMENT EXEMPTION	
Employee Information	Check a box to indicate the employee's status at the time of the promotion or career advancement. Provide the employee's name and SSN or Member ID.
Change/Hire Date	Date of the promotion or career advancement.
CERTIFICATION	
Agency Head Signature	Signature of the Agency Head or Primary Reporting Official on record with KPPA.
Agency Head Printed Name	Name of the Agency Head or Primary Reporting Official on record with KPPA.
Date	Date the form is completed.

FORM 6500, SICK LEAVE AUTHORIZATION - STANDARD PROGRAM

This form is used to verify an employee's sick leave at the time of termination when the employee is retiring and will be used towards their retirement benefits. This form is required for members who terminated prior to sick leave balances being submitted electronically with the monthly detail report. The form may also be sent as a secondary verification if a member questions the balance reported on the monthly detail report.

Form 6500 is mailed to the employer as required. If you have questions when completing this form, please contact your ERCE representative.



Contact ERCE

Complete the fields for requested information:

FIELD NAME	DESCRIPTION
Retiring Employee	Member's full legal name. KPPA will complete this field prior to sending the form to the employer.
Date of Birth	Date of birth of member. KPPA will complete this field prior to sending the form to the employer.
Termination Date	Last date of employment with employer. KPPA will complete this field prior to sending the form to the employer.
Effective Retirement Date	Member's retirement date. KPPA will complete this field prior to sending the form to the employer.
Employer	Name of the employing agency, not just an agency department. KPPA will complete this field prior to sending the form to the employer.
Employer Code	4 or 5-digit unique employer code assigned by KPPA to each employer. KPPA will complete this field prior to sending the form to the employer.
Accumulated Sick Leave (in hours)	Balance of total unused sick leave in hours at the time of the employee's termination.
Sick Leave Accrual Rate	The number of hours equal to one sick leave day.
Name	Name of person verifying the requested information.
Phone	Phone number where the person verifying the information may be reached in case of questions.
Title	Job title of person verifying the requested information.
Signature	Signature of person verifying the requested information.
Date	Date the form is completed.

FORM 6501, SICK LEAVE AUTHORIZATION - ALTERNATE PROGRAM

This form verifies an employee's sick leave days and payments at the time of termination when the employee is retiring and will be used towards their retirement benefits. This form is required for members who terminated prior to sick leave balances being submitted electronically with the monthly detail report. The form may also be sent as a secondary verification if a member questions the balance reported on the monthly detail report.

Form 6501 is mailed to the employer as required. If you have questions when completing this form, please contact your ERCE representative.



Contact ERCE

Complete the fields for requested information:


FIELD NAME	DESCRIPTION
Retiring Employee	Member's full legal name. KPPA will complete this field prior to sending the form to the employer.
Date of Birth	Date of birth of member. KPPA will complete this field prior to sending the form to the employer.
Termination Date	Last date of employment with employer. KPPA will complete this field prior to sending the form to the employer.
Effective Retirement Date	Member's retirement date. KPPA will complete this field prior to sending the form to the employer.
Employer	Name of the employing agency, not just an agency department. KPPA will complete this field prior to sending the form to the employer.
Employer Code	4 or 5-digit unique employer code assigned by KPPA to each employer. KPPA will complete this field prior to sending the form to the employer.
Accumulated Sick Leave (in days)	Balance of total unused sick leave in days at the time of the employee's termination.
Total Compensation Paid for Sick Leave	Monetary amount paid to employee for sick leave at the time or termination of employment.
Reported Employer Contributions	Monetary amount of employer contributions reported on the Total Compensation Paid for Sick Leave.
Reported Employee Contributions	Monetary amount of employee contributions reported for the Total Compensation Paid for Sick Leave.
Reported Health Insurance Contributions	Monetary amount of employee health insurance contributions reported for the Total Compensation Paid for Sick Leave.
Payment Details	Verify which report month contained the contribution payments.

FIELD NAME	DESCRIPTION
Name	Name of person verifying the requested information.
Phone	Phone number where the person verifying the information may be reached in case of questions.
Title	Job title of person verifying the requested information.
Signature	Signature of person verifying the requested information.
Date	Date the form is completed.

FORM 6751, EMPLOYER CERTIFICATION REGARDING REEMPLOYMENT

SELF SERVICE

LOGIN 

 **PDF LINK**
[Reemployment
as an Employee](#)



MEMBER FORMS
[FORM 6754](#)



EMPLOYER FORMS
[FORM 6751](#)

If a retired member seeks employment with a participating employer within twelve (12) months of retirement, the member is required to report this to KPPA prior to returning to work by submitting a [Form 6754, Member Reemployment Certification](#).

The participating employer must also certify there was no prearranged agreement made prior to the member's retirement for the member to return to work in an capacity with the employer after retirement by submitting a [Form 6751](#) to KPPA.

For more information about this process, please refer to [our website](#).

Complete the fields for requested information:

FIELD NAME	DESCRIPTION
Reemploying Agency	Name of the employing agency, not just an agency department.
Employer Code	4 or 5-digit unique employer code assigned by KPPA to each employer.
Member Name	Member's full legal name.
Member ID	Unique identifier assigned by KPPA for each member.
Start date	The start date for the member's reemployment.
PREARRANGED AGREEMENT INQUIRY	
Name	Name of person verifying the requested information.
DID NOT	Mark the DID NOT check box if the employer did not have a prearranged agreement with the retired member to return to work.
DID	Mark the DID check box if the employer did have a prearranged agreement with the retired member to return to work.
CERTIFICATION	
Signature	Signature of person verifying the requested information.
Job Title	Job title of person verifying the requested information.
Date	Date the form is completed.

FORM 6752, EMPLOYER CERTIFICATION OF INDEPENDENT CONTRACTOR / LEASED EMPLOYEE

SELF SERVICE



PDF LINK
[Independent Contractor/Leased Employee](#)



This form should be completed by the employer prior to hiring a retired member to provide services as an Independent Contractor or as a Leased Employee.

For more information about this process, please refer to [our website](#).

Complete the fields for requested information:

FIELD NAME	DESCRIPTION
Reemploying Employer	Name of the employer, not just an agency department.
Employer Code	4 or 5-digit unique employer code assigned by KPPA to each employer.
Member Name	Member's full legal name.
Member ID	Unique identifier assigned by KPPA for each member.
Start date	Start date of the independent contractor/leased employee.
Name	Name of person verifying the requested information.
Independent Contractor	Check this box if the retired member will provide services as an Independent Contractor.
Leased Employee	Check this box if the retired member will provide services as a Leased Employee.
Position Title & Principal Job Duties	Provide the position title and job duties the retired member will provide to the employer.

PARTICIPATING EMPLOYER INQUIRY

Complete this section by checking one box for each item listed.

PARTICIPATING EMPLOYER SUPPORTING DOCUMENTATION

Complete this section by checking the box for each supporting document being submitted with the form. If you check "Other", include a description of the document in the space provided.

PARTICIPATING EMPLOYER CERTIFICATION

Signature	Signature of person verifying the requested information.
Job Title	Job Title of person verifying the requested information.
Date	Date the form is completed.

FORM 6753, EMPLOYER CERTIFICATION OF VOLUNTEER

SELF SERVICE



 **PDF LINK**
Volunteer



This form should be completed by the employer prior to hiring a retired member to provide volunteer services.

For more information about this process, please refer to [our website](#).

Complete the fields for requested information:

FIELD NAME	DESCRIPTION
Reemploying Employer	Name of the employer, not just an agency department.
Employer Code	4 or 5-digit unique employer code assigned by KPPA to each employer.
Member Name	Member's full legal name.
Member ID	Unique identifier assigned by KPPA for each member.
Volunteer start date	Start date of the volunteer employee.
Job Title & Principal Volunteer Duties	Provide the job title and principal volunteer duties the retired member will provide to the employer.

PARTICIPATING EMPLOYER INQUIRY

Complete this section by checking one box for each item listed. In the last question, include an amount for nominal fees in the space provided.

PARTICIPATING EMPLOYER CERTIFICATION

Signature	Signature of person verifying the requested information.
Job Title	Job Title of person verifying the requested information.
Date	Date the form is completed.

FORM 6760, COUNTY POLICE OR SHERIFF APPOINTMENT OF RETIRED POLICE OFFICER

SELF SERVICE

LOGIN 

 **PDF LINK**
County Retired
Police Officer


EMPLOYER FORMS
FORM 6760

This form should be completed by the County Police or Sheriff prior to appointing a retired member as a police officer.

For more information about this process, please refer to [our website](#).

Complete the fields for requested information:

FIELD NAME	DESCRIPTION
Member Name	Member's full legal name.
Member ID	Unique identifier assigned by KPPA for each member.
Reemploying Employer	Name of the employer, not just an agency department.
Employer Code	4 or 5-digit unique employer code assigned by KPPA to each employer.
Yes	Mark the Yes check box if the member retired as a police officer as defined by Kentucky Revised Statute 70.291 .
No	Mark the No check box if the member did not retire as a police officer as defined by Kentucky Revised Statute 70.291 .

APPOINTMENT INFORMATION

Initial Appointment	Indicate whether this is an initial appointment.
Date of Appointment	Start date of the appointment.
Term of Appointment	Duration of the appointment. The term cannot exceed one year.

EMPLOYER CERTIFICATION

Provide the requested information for statements one and three.

Signature	Signature of person verifying the requested information.
Title	Job title of person verifying the requested information.
Date	Date the form is completed.

FORM 6764, RECERTIFICATION OF RETIRED POLICE OFFICER

SELF SERVICE

LOGIN 



EMPLOYER FORMS
FORM 6764

This form should be completed by a County Police or Sheriff prior to reappointing a retired member as a police officer.

Complete the fields for requested information:

FIELD NAME	DESCRIPTION
Member Name	Member's full legal name.
Member ID	Unique identifier assigned by KPPA for each member.
Reemploying Employer	Name of the employer, not just an agency department.
Employer Code	4 or 5-digit unique employer code assigned by KPPA to each employer.
Yes	Mark the Yes check box if the member was previously approved for reemployment as defined by Kentucky Revised Statutes 70.291-70.293 or 164.950 - 164.980 .
No	Mark the No check box if the member was not previously approved for reemployment as defined by Kentucky Revised Statutes 70.291-70.293 or 164.950 - 164.980 .
Term of Appointment	Provide the Begin Date and End Date of the reappointment. The term cannot exceed one year.

EMPLOYER CERTIFICATION

Provide the full name of the person verifying the requested information and employer name where indicated.

Signature	Signature of person verifying the requested information.
Title	Job title of person verifying the requested information.
Date	Date the form is completed.

FORM 6766, APPOINTMENT OF RETIRED SCHOOL RESOURCE OFFICER

SELF SERVICE



 **PDF LINK**
[School Resource Officer](#)


EMPLOYER FORMS
[FORM 6766](#)

This form should be completed when a Board of Education hires a retired member as a School Resource Officer.

For more information about this process, please refer to [our website](#).

Complete the fields for requested information:

FIELD NAME	DESCRIPTION
Member Name	Member's full legal name.
Member ID	Unique identifier assigned by KPPA for each member.
Reemploying Employer	Name of the employer, not just an agency department.
Employer Code	4 or 5-digit unique employer code assigned by KPPA to each employer.
APPOINTMENT INFORMATION	
Initial Appointment	Indicate whether this is an initial appointment.
Date of Appointment	Start date of the appointment.
EMPLOYER CERTIFICATION	
Provide the full name and position of the person verifying the requested information and employer name where indicated.	
Signature	Signature of person verifying the requested information.
Title	Job Title of person verifying the requested information.
Date	Date the form is completed.

FORM 6767, APPOINTMENT OF KENTUCKY STATE POLICE SCHOOL RESOURCE OFFICER

SELF SERVICE

LOGIN 



EMPLOYER FORMS
FORM 6767

This form should be completed when a Board of Education hires an active or retired Kentucky State Police officer, CVE R Class or Trooper R Class as a Kentucky State Police School Resource Officer.

Complete the fields for requested information:

FIELD NAME	DESCRIPTION
Member Name	Member's full legal name.
Member ID	Unique identifier assigned by KPPA for each member.
Employer Name	Name of the employer, not just an agency department.
Employer Code	4 or 5-digit unique employer code assigned by KPPA to each employer.

APPOINTMENT INFORMATION

Date of Appointment	Start date of the appointment.
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EMPLOYER CERTIFICATION

Provide the full name and position of the person verifying the requested information.

Signature	Signature of person verifying the requested information.
Title	Job Title of person verifying the requested information.
Date	Date the form is completed.

FORM 6768, POSTSECONDARY INSTITUTION APPOINTMENT OF RETIRED POLICE OFFICER

SELF SERVICE

LOGIN 

 **PDF LINK**
[Postsecondary Institution](#)


EMPLOYER FORMS
FORM 6768

This form should be completed when a Postsecondary Institution hires a retired member as a police officer.

For more information about this process, please refer to [our website](#).

Complete the fields for requested information:

FIELD NAME	DESCRIPTION
Member Name	Member's full legal name.
Member ID	Unique identifier assigned by KPPA for each member.
Reemploying Postsecondary Institution	Name of the employer, not just an agency department.
Employer Code	4 or 5-digit unique employer code assigned by KPPA to each employer.
Yes	Mark the Yes check box if the member retired as a police officer pursuant to Kentucky Revised Statutes 164.950 - 164.980 .
No	Mark the No check box if the member did not retire as a police officer pursuant to Kentucky Revised Statutes 164.950 - 164.980 .
APPOINTMENT INFORMATION	
Initial Appointment	Indicate whether this is an initial appointment.
Date of Appointment	Start date of the appointment.
Term of Appointment	Duration of the appointment. The term cannot exceed one year.
EMPLOYER CERTIFICATION	
Provide the requested information for statements one and three.	
Signature	Signature of person verifying the requested information.
Title	Job Title of person verifying the requested information.
Date	Date the form is completed.

FORM 6769, CERTIFICATION OF EMPLOYED POLICE OFFICERS CALENDAR YEAR 2015

SELF SERVICE

LOGIN 



EMPLOYER FORMS
FORM 6769

This form should be completed by a City employer prior to hiring retired members as police officers. The City employer must disclose the total number of police officers it employed on average in Calendar Year 2015.

Complete the fields for requested information:

FIELD NAME	DESCRIPTION
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Employer Name	Name of the employer, not just an agency department.
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Employer Code	4 or 5-digit unique employer code assigned by KPPA to each employer.
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EMPLOYER CERTIFICATION

Provide the full name of the person verifying the requested information and the city name, average number of employed police officers in 2015 and number of police officers the employer can hire pursuant to [Kentucky Revised Statute 95.022](#).

Signature	Signature of person verifying the requested information.
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Title	Job Title of person verifying the requested information.
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Date	Date the form is completed.
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DETAILED LISTING OF POLICE OFFICERS EMPLOYED FOR CALENDAR YEAR 2015

Employer Name	Name of the employer, not just an agency department.
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Employer Code	4 or 5-digit unique employer code assigned by KPPA to each employer.
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Name	List the first and last name of each Police Officer employed for Calendar Year 2015.
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KPPA Member ID	Unique identifier assigned by KPPA for each member. List the KPPA Member ID of each police officer employed for Calendar Year 2015.
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Employment Begin Date	List the employment begin date of each police officer employed for Calendar Year 2015.
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Employment End Date	List the employment end date of each police officer employed for Calendar Year 2015.
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FORM 6770, CITY APPOINTMENT OF RETIRED POLICE OFFICER

SELF SERVICE

LOGIN 

 **PDF LINK**
[City Retired
Police Officer](#)


EMPLOYER FORMS
FORM 6770

This form should be completed when a City employer hires a retired member as a police officer.

For more information about this process, please refer to [our website](#).

Complete the fields for requested information:

FIELD NAME	DESCRIPTION
Member Name	Member's full legal name.
Member ID	Unique identifier assigned by KPPA for each member.
Reemploying City	Name of the employer, not just an agency department.
Employer Code	4 or 5-digit unique employer code assigned by KPPA to each employer.
Yes	Mark the Yes check box if the member retired as a police officer pursuant to Kentucky Revised Statute 70.291 .
No	Mark the No check box if the member did not retire as a police officer pursuant to Kentucky Revised Statute 70.291 .
Initial Appointment	Indicate whether this is an initial appointment.
Date of the Appointment	Start date of the appointment.
Term of Appointment	Duration of the appointment. The term cannot exceed one year.

EMPLOYER CERTIFICATION

Provide the requested information for statements one and three.

Signature	Signature of person verifying the requested information.
Title	Job Title of person verifying the requested information.
Date	Date the form is completed.

FORM 6774, CITY RECERTIFICATION OF RETIRED POLICE OFFICER

SELF SERVICE

LOGIN 



This form should be completed by a City prior to reappointing a retired member as a police officer.

Complete the fields for requested information:

FIELD NAME	DESCRIPTION
Member Name	Member's full legal name.
Member ID	Unique identifier assigned by KPPA for each member.
Reemploying City	Name of the employer, not just an agency department.
Employer Code	4 or 5-digit unique employer code assigned by KPPA to each employer.
Yes	Mark the Yes check box if the member was previously approved for reemployment pursuant to Kentucky Revised Statutes 70.291-70.293 .
No	Mark the No check box if the member was not previously approved for reemployment pursuant to Kentucky Revised Statutes 70.291-70.293 .
Term of Appointment	Provide the begin and end date of the appointment. The term cannot exceed one year.

EMPLOYER CERTIFICATION

Provide the full name of the person verifying the requested information and the city name.

Signature	Signature of person verifying the requested information.
Title	Job Title of person verifying the requested information.
Date	Date the form is completed.

FORM 7071, EMPLOYER SELF SERVICE EMPLOYER ADMINISTRATOR ACCOUNT CREATION REQUEST

SELF SERVICE

LOGIN 



EMPLOYER FORMS

[FORM 7071](#)

[Form 7071](#) should be completed by the Agency Head on record with KPPA to add or change the Employer Administrator for the ESS website.

FIELD NAME	DESCRIPTION
Employer	Name of the employing agency, not just an agency department.
Employer Code	4 or 5-digit unique employer code assigned by KPPA to each employer.
Name	Name of person designated as the employer administrator.
Phone	Phone number where the employer administrator can be reached during business hours.
Email	Email address of the employer administrator.
Employer Administrator Signature	Signature of the designated person.
Agency Head Signature	Signature of the Agency Head on record with KPPA.
Date	Date the form is completed.

FORM 7072, REPORTING/BALANCING EMPLOYER ACKNOWLEDGMENT

SELF SERVICE

LOGIN 



EMPLOYER FORMS

FORM 7072

This form must be completed by the employer's Agency Head to acknowledge when designating a third party entity to report employee information on behalf of the employer.

FIELD NAME	DESCRIPTION
Employer	Name of the employing agency, not just an agency department.
Employer Code	4 or 5-digit unique employer code assigned by KPPA to each employer.
Company Name	Company Name of the third party entity.
Representative Name	Name of Company Representative designated by the employer.
Address	Street address or PO Box at which the third party entity receives mail.
City	City where the third party entity receives mail.
State	State where the third party entity receives mail.
Zip Code	Zip Code where the third party entity receives mail.
Phone	Phone number for the third party representative.
Email	Email address of the third party representative.
Agency Head Signature	Signature of the Agency Head on record with KPPA.
Date	Date the form is completed.

FORM 7250, VERIFICATION OF PAYMENTS OUTSIDE REGULAR WAGES

SELF SERVICE

LOGIN 

This form must be completed by the employer's Agency Head to acknowledge when reporting any payments outside of regular wages to KPPA.

FIELD NAME	DESCRIPTION
Employer Name	Name of the employing agency, not just an agency department. KPPA will complete this field prior to sending the form to the employer.
Employer Code	4 or 5-digit unique employer code assigned by KPPA to each employer.
Address	Street address or PO box at which the employer receives mail.
City	City
State	State
Zip Code	Zip Code where the third party entity receives mail.
Reporting Official	Name of current reporting official.
Monies Outside Regular Salary?	Does your agency provide additional payments to employees that are outside of their regular wages?
Exact Name of Payment	The name the employer or board has approved for this specific payment.
Is Payment Guaranteed in Employee's Regular Salary?	Is this payment part of the employee's regular salary or an additional payment provided by the employer?
Payments Awarded Date	Date the payment is paid to the employee(s). Include month, day, and year.
Personnel Policy or Discretion of Employer?	Is this payment type included in the employer's personnel policy or being paid based on direction from the employer or board?
Payments Reported to KPPA?	Has the employer reported these payments to KPPA previously?
Payment Reason	If the payment has been previously reported, what payment reason was utilized?
Printed Name	Printed name of the person verifying the requested information.
Title	Job title of person verifying the requested information.
Signature	Signature of the Agency Head on record with KPPA.
Date	Date the form is completed.

FORM 7851, DATA USE AGREEMENT



[KAR Chapter 105](#)

Pursuant to [105 Kentucky Administrative Regulation 1:140](#), each employer is required to submit reports securely through ESS or through the KPPA Secure Email Portal. [Form 7851](#) is a data use agreement that serves as an acknowledgment of this regulation.

The Agency Head or Reporting Official should review all sections of the form and complete the employer certification.



EMPLOYER FORMS [FORM 7851](#)

FIELD NAME	DESCRIPTION
Name of Employer	Name of the employing agency, not just an agency department.
Agency Head or Reporting Official	Signature of the person completing the form.
Print Name	Printed name of the person completing the form.
Title	Title of the person completing the form.
Date	Date the form is completed.

FORM 8030, EMPLOYER JOB DESCRIPTION

SELF SERVICE

LOGIN 



STATUTE
KRS 61.665



MEMBER FORMS
FORM 8030

When a member files for disability retirement, [Kentucky Revised Statute 61.665\(2\)](#) requires a complete description of the employee's job duties and submit a detailed description of reasonable accommodations attempted as provided for in 42 United States Code sec. 12111(9) and 29 Code of Federal Regulations Part 1630 under the American with Disabilities Act (ADA). The employer provides this information by completing the [Form 8030, Employer Job Description](#), listing and describing the duties performed by the employee as of the last day of paid employment.

Step 1

Complete the fields for requested information:

FIELD NAME	DESCRIPTION
Member Name	Member's full legal name.
Member ID	Unique identifier assigned by KPPA for each member.
Job Title	Employee's position title.
Agency	Name of the employing agency, not just an agency department.
Job Description	Provide information regarding the duties required in the employee's position.
Accommodations	Provide information regarding the employee's request for reasonable accommodations.
Agency Representative Signature	Signature of person verifying the requested information - only to be completed if the form is printed and mailed or faxed.
Date	Date the form is completed.
Enter PIN	4-digit employer PIN assigned to the employer contact - used as a digital signature as well as a security measure when forms are completed and submitted online.