



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 W2 IRS Form 1099-MISC
The participating employer previously employed the member as: An Employee Independent Contractor A Leased Employee None

YES NO

Table with 2 columns (YES, NO) and 2 rows of questions regarding salary/wages and termination rights.

YES NO The Participating Employer:

Table with 2 columns (YES, NO) and 14 rows of questions regarding FICA taxes, RFP, instructions, training, on-site services, progress reports, full-time work, flat fee, salary, reimbursement, subcontracting, and hiring employees.

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: _____