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

Form 6760
03/2024

County Police or Sheriff 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 the retired member has received a response from Kentucky Public Pensions Authority authorizing this return to employment.

Member Information	
Member Name:	Member ID:
Reemploying Employer:	Employer Code:
Did the member retire as a police officer as defined in KRS 70.291? ◯ Yes ◯ No	

Appointment Information	
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 hold the office of Chief of Police/Sheriff for _____ County, which will be employing the member identified above;

2. 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, 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 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 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: _____