



### Appointment of Retired School Resource 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:

#### Appointment Information

Initial Appointment: <input type="radio"/> Yes <input type="radio"/> No	Date of the Appointment:
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#### Employer Certification

Pursuant to Penalty of Perjury, I certify that the following statements are true:

1. My name is \_\_\_\_\_ and I hold the position of \_\_\_\_\_ for \_\_\_\_\_ which will be employing the member identified above;
2. The member identified above is a sworn law enforcement officer or a special law enforcement officer appointed pursuant to KRS 61.902, who has specialized training to work with youth at a school site.
3. The member identified above will be employed as a school resource officer as defined in KRS 158.441.
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; and
5. I acknowledge 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: \_\_\_\_\_