



Employer Contact Information

Please complete the following information and fax this form to KPPA at (502) 696-8822.

Employer Information			
Employer Name:		Employer Code:	
Mailing Address:	City:	State:	Zip Code:
If the mailing address is a PO Box, please provide the physical location address below.			
Address:	City:	State:	Zip Code:

Agency Head		
Name:		
Phone (with extension):	Fax:	E-mail:

Agency Reporting Official as defined by KRS 78.510(20) The individual named as reporting official for the agency is responsible for completing the monthly report.		
Name:		
Phone (with extension):	Fax:	E-mail:

Certification

I hereby certify that the information provided on this form is correct 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 the penalty of perjury in accordance with KRS 523.010, et seq.

Signed: _____

Date: _____

Printed Name: _____

Title: _____