



Certification of Employment - Hazardous Position

Member Information

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Work Phone:		Home Phone:	

Employer Certification: To be completed by the personnel administrator of the agency where the member was employed in a hazardous position.

List below the effective dates of employment in a hazardous position. Please indicate both beginning and ending dates or note "to present" if member is currently classified as hazardous. Please certify hazardous position employment prior to the date the agency adopted hazardous coverage.

Employer	Job Title	Employment Dates	
		From	To

I certify that the above is an accurate record of this employee's employment in a hazardous position.

Personnel Administrator Name: _____ Phone Number: _____

Personnel Administrator Signature: _____ Date: _____

When both sections have been completed, please return this form to Kentucky Public Pensions Authority at
1260 Louisville Road, Frankfort, KY 40601.