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

Verification of Past Employment

Form 4225
Revised 01/2026

Member Information

Member Name:	Member ID or SSN:

KPPA will update contact information for your retirement account based on the details provided below.

Address:	City:	State:	Zip Code:

Phone (select type) ☐ Mobile ☐ Home ☐ Work	Email:

Name of Employer Verifying Employment:

Dates of Past Employment for Missing Service:

Employer Instructions

An Agency Head or Reporting Official will need to complete the following fields in their entirety because:

- The above member has contacted KPPA regarding employment with your organization. If any of the information provided by your organization is incorrect, in compliance with KRS 61.685(1) and 78.545, KPPA will correct any errors upon subsequent discovery, which may include the reduction of the member's service and benefits;
  -OR-
- KPPA has identified an employee in a regular full-time position for previous periods that were not reported by your organization in accordance with KRS 16.543, 61.543, 61.675, 78.615, and 78.625.

Please note the following:

- All applicable fields should be completed. If you are unable to provide information for all of the requested fields, please provide an explanation. Failure to verify all requested information may require a representative of KPPA to follow up or could cause the form not to be considered by KPPA.
- Each line item should be verified based upon fiscal year, NOT calendar year (i.e. July 1, 1995 to June 30, 1996).
- Please provide the exact start and end dates of the period(s) of service in question (i.e. If an employer is verifying three months of seasonal, full-time service that began September 1st and ended in January 30th, September 1st to January 30th would be verified on one line).
- If the member was employed during more than four (4) fiscal years, please copy page two (2) and complete/attach the additional pages to this form when you return the form to KPPA.
- Classified employees of school boards must average eighty (80) or more hours of work per month over a calendar or fiscal year to be eligible for service credit. All other employees must average one hundred (100) or more hours of work per month over a calendar or fiscal year to be eligible for service credit.
- If the member was on an approved leave of absence, please specify the leave dates as well as the type of leave (i.e. maternity, military leave, sick leave without pay, etc.).
- If the member provided services to the employer under a contract, please submit a copy of the contract to KPPA along with this form.

Your prompt reply is required pursuant to 105 KAR 1:140.

Retirement Coverage (To be completed by the employer.)

Please answer the following questions about the member's past employment, then verify this service on the next page.

1. Did the member participate in an employer sponsored pension plan? ☐ Yes ☐ No

2. If the answer to question 1 is yes, was it a: ☐ Defined Benefit Plan ☐ Defined Contribution Plan

3. Did the member take a refund from the plan upon termination? ☐ Yes ☐ No

When all sections have been completed, please submit this form to KPPA. Employers may:

- **Email the form using the KPPA Secure Email Portal**
- **Submit the form through Employer Self Service at MyRetirement.ky.gov**
- **Fax the form to 502-696-8822**
- **Mail the form to 1260 Louisville Road, Frankfort, KY 40601**

Past Employment Information (To be completed by the employer)

Member Name:	Member ID:	Employer:

Fiscal Year (Mo/Day/Yr) Show breaks in service — Begin Date | End Date | No. of Months Worked | **School Board Use Only**: Contract Days | No. of Actual Days Worked | Hours Worked Per Day | Hourly Wage | Actual Wages Earned for Year | Notes

Position Title: (E.g. Bus Driver, Secretary, etc.) _____ **Position Status:** (E.g. Regular full-time, part-time, seasonal full-time, Temporary full-time, etc.) _____

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Position Title: (E.g. Bus Driver, Secretary, etc.) _____ **Position Status:** (E.g. Regular full-time, part-time, seasonal full-time, Temporary full-time, etc.) _____

Certification ***Please Note: Only forms completed by an Agency Head or Reporting Official will be considered by KPPA.***

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.

Printed Name: _____ Date: _____

Signature: _____ Daytime Phone: _____

Title: _____