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

Form 2023
Revised 03/2024

Leave Without Pay Verification

Member Information

Member Name:	Member ID:

Dates of Leave

Leave Without Pay Begin Date: _____

Leave Without Pay End Date: _____

Type of Leave

- ☐ Military Leave
- ☐ Approved Sick Leave Without Pay
- ☐ Family and Medical Leave Act (FMLA)
- ☐ Maternity Leave
- ☐ Educational Leave
- ☐ Other (please specify) _____

Employer Information

Employer Name:	
Employer Code:	Phone Number:

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 of Agency Head
or Reporting Official: _____

Title: _____

Date: _____