Kentucky Retirement Systems
Perimeter Park West ●1260 Louisville Rd. ● Frankfort KY 40601-6124
Phone: (502) 696-8800 ● Fax: (502) 696-8822 ● kyret.ky.gov

Print Form

Form 6760
07/1/2015

Sheriff Appointment of Retired Police 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 a response to a properly submitted Form 6751 has been issued by Kentucky Retirement Systems.

Member Information	
Member Name:	Member ID:
Reemploying Sheriff's Office:	Employer Code:
Did the member retire as a police officer as defined in KRS 70.291? ◯ Yes ◯ No	

Appointment Information	
Initial Appointment: ◯ Yes ◯ No	Date of the Appointment:
Term of Appointment (cannot exceed one year):	

Employer Certification

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

1. My name is _____ and I hold the Constitutional office of the _____ County Sheriff which will be employing the retired member identified above;

2. The retired member identified above participated in the Kentucky Law Enforcement Foundation program and I have provided a certification of participation from the Kentucky Department of Criminal Justice Training, which administers the program;

3. The retired member identified above retired on _____ from _____ with no administrative charges pending and I have attached a notarized statement from the agency listed above certifying that there were no pending administrative charges at the time of the member's retirement;

4. The return to employment for the retired member identified above is consistent with KRS 61.637 and the member has received a response from Kentucky Retirement Systems authorizing this return to employment following the submission of a Form 6751; and

5. I acknowledge that if I fail to submit this Form prior to the beginning of the member's term of appointment that Kentucky Retirement Systems shall administer the member's reemployment pursuant to KRS 61.637 until the first month following submission of the proper documentation.

I further acknowledge that I have full understanding that any person who provides a false statement, report, or representation is subject to the penalty of perjury in accordance with KRS 523.010, et seq.

Signature: _____ Date: _____

Title: _____