



Employer Certification of Independent Contractor / Leased Employee

Member Information

| | |
|-----------------------|----------------|
| Reemploying Employer: | Employer Code: |
| Member Name: | Member ID: |
| Start date: | |

My name is: _____ . I am the agency head, appointing authority, or authorized designee of the employer participating in the Kentucky Public Pensions Authority, where the above referenced member will be providing services as an Independent Contractor a Leased Employee.

The position title and principal job duties that the member will provide to the participating employer include (attach additional pages if necessary):

Participating Employer Inquiry

As the agency head, appointing authority or authorized designee of the employer, I have conducted an inquiry and confirm the following:

- The participating employer previously employed the member as an employee, independent contractor, leased employee or none.
- The participating employer issued a Request for Proposal (RFP) to the general public soliciting the services now to be provided by the member. Yes No
- The participating employer will require the member to comply with agency instructions related to when, where and how services are to be provided. Yes No
- The participating employer will require the member to adhere to established work schedules and agency hours of operation. Yes No
- The participating employer will provide the member with training, which may include attending meetings and working with experienced employees of the participating employer. Yes No
- The participating employer will require the member to provide services on-site with access and usage of the participating employer's tools and equipment. Yes No
- The participating employer will require the member to provide regular written or oral progress / completion reports related to the services provided. Yes No
- The participating employer will require the member to work full-time. Yes No
- The participating employer will pay the member a salary or hourly wage for a specified duration of time for services provided. Yes No
- The participating employer will pay the member a flat fee for all services provided. Yes No

- The participating employer will issue the member with an IRS Form W-2 Yes No or an IRS Form 1099-MISC Yes No
- A third party or staffing company is responsible for paying the member's salary or wages for services provided to the participating employer. Yes No
- The participating employer will reimburse the member for any business or travel expenses incurred while performing services. Yes No
- Both the participating employer and the member will retain the right to voluntarily terminate the work relationship without liability or penalty. Yes No
- The participating employer will permit the member to provide similar services to other participating employers, business entities or the general public at the same time the member is performing services for the participating employer. Yes No
- The participating employer will allow the member to subcontract other persons on behalf of the member to provide services for the participating employer. Yes No
- The participating employer will permit the member to hire and supervise employees for the participating employer in the performance of these services. Yes No

Participating Employer Supporting Documentation

The following documents pertaining to the member's employment relationship with the participating employer are attached to this Form 6752: (check all applicable)

- A complete copy of the labor contract entered into between the participating employer and member.
- A complete copy of the labor contract entered into between the participating employer and a third party or staffing service related to the member's reemployment with the participating employer.
- A complete copy of the Request for Proposal (RFP) for the solicitation of services that are to be provided by the member and responses submitted.
- Other (please specify): _____

Participating Employer Certification

By signing this Form 6752, I acknowledge with full understanding that any person who provides a false statement, report, or representation is subject to penalty of perjury in accordance with KRS 523.010, et seq.

Signature: _____ Job Title: _____ Date: _____