KENTUCKY RETIREMENT SYSTEMS
1260 Louisville Road · Frankfort, Kentucky 40601
kyret.ky.gov · Phone: 502-696-8800 · Fax: 502-696-8822

Form 4225
Revised 04/2020

Verification of Past Employment

Member Information

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Phone (select type) ☐ Mobile ☐ Home ☐ Work		Email:	

Please indicate below the employment for which you are seeking service credit so we may determine your eligibility for purchasing retirement service credit for past employment. Please have the employer you worked for at that time verify your past employment by completing the remainder of this form and returning it to our office.

Name of Employer Verifying Employment:

Dates of Past Employment:

Employer Instructions: Please accurately complete all items on the remainder of this form.

The above member has contacted our office regarding employment with your agency. Your assistance is needed before we can give the member the requested information. If a member purchases service based on this information and it is found at a later date that the information was incorrect, the retirement office will correct any errors and reduce the member's service and benefits, if necessary.

Your prompt reply is requested since the member's cost may increase each month. If you cannot provide information for all columns on page 2, please provide an explanation. If the member was employed for more years than provided, please copy page 2 and attach the additional sheets.

Please note the following:

- Classified employees of school boards must average eighty (80) or more hours of work per month over a calendar or fiscal year. All other service eligible to be purchased must average one hundred (100) or more hours of work per month over a calendar or fiscal year.
- If the member was on an approved leave of absence, please specify the beginning and ending dates of leave as well as the type of leave (e.g., maternity leave, sick leave without pay, military leave, etc.).

If you have questions concerning the completion of this form, please contact our office at (502) 696-8800 or 1-800-928-4646.

Retirement Coverage

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 agency 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 member take a refund from the plan upon termination? ☐ Yes ☐ No

When all sections have been completed, please return this form to:
Kentucky Retirement Systems
Perimeter Park West
1260 Louisville Road
Frankfort, KY 40601-6124

Past Employment Service

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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Certification

I state that I have full knowledge of the penalty in KRS 523.100 related to falsification of records and the information provided is true and accurate.

Signature: _____ Date: _____

Title: _____ Daytime Phone: _____