



Kentucky Retirement Systems

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

Form 6760

06/2019

County Police or 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 the retired member has received a response from Kentucky Retirement Systems authorizing this return to employment.

Member Information

Member Name:	Member ID:
Reemploying Employer:	Employer Code:
Did the member retire as a police officer as defined in KRS 70.291? <input type="radio"/> Yes <input type="radio"/> No	

Appointment Information

Initial Appointment: <input type="radio"/> Yes <input type="radio"/> 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 office of Chief of Police/Sheriff for _____ County, 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, if reemploying within twelve (12) months of retirement, the retired member has received a response from Kentucky Retirement Systems authorizing this return to employment;
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: _____