

Kentucky Retirement Systems  
Perimeter Park West  
1260 Louisville Rd  
Frankfort KY 40601-6124  
Phone: (502) 696-8800  
Fax: (502) 696-8822  
[www.kyret.com](http://www.kyret.com)

FORM 4225

Member's  
Soc. Sec. No.:

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Revised 10/05

**KENTUCKY RETIREMENT SYSTEMS  
VERIFICATION OF PAST EMPLOYMENT FORM  
MEMBER INSTRUCTIONS**

In order to determine your eligibility for purchasing retirement service credit for past employment, complete the section below. Please have the agency (*the employer at that time*) complete the reverse side of this form and return it to our office.

Member Name: \_\_\_\_\_ Home Phone: ( ) - \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**EMPLOYMENT FOR WHICH YOU ARE SEEKING SERVICE CREDIT**

Name of Agency Verifying Employment: \_\_\_\_\_  
Dates of Past Employment: \_\_\_\_\_

**AGENCY INSTRUCTIONS**

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. *Please accurately complete all items on the reverse side.* 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, please provide an explanation. *If the member was employed for more years than provided on the back of this sheet, please copy the back and attach the additional sheets.*

- 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 this member is a current employee, please submit along with this form verification of their current rate of pay.

If you have questions concerning the completion of this form, please contact a Benefits Counselor at (502) 696-8800 or 1-800-928-4646. After the form has been completed, please mail it to:

**Kentucky Retirement Systems  
Perimeter Park West  
1260 Louisville Road  
Frankfort, KY 40601-6124**

## KENTUCKY RETIREMENT SYSTEMS

Member Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Agency: \_\_\_\_\_

<b>FISCAL YEAR</b> <small>(MO/DAY/YR.) SHOW BREAKS IN SERVICE</small> <b>BEGIN DATE</b> <b>END DATE</b>	<b>NO. OF MOS. WORKED</b>	<b>HRS. WORKED PER DAY</b>	<b>HOURLY WAGE</b>	<b>ACTUAL WAGES EARNED FOR YEAR</b>	<b>NOTES</b>
_____ <b>POSITION TITLE</b> (E.g. Laborer, Secretary, Admin. Asst., etc.) _____			_____ <b>POSITION STATUS</b> (E.g. Regular full-time, Part-time, Seasonal full-time, Temporary full-time, etc.) _____		
<b>FISCAL YEAR</b> <small>(MO/DAY/YR.) SHOW BREAKS IN SERVICE</small> <b>BEGIN DATE</b> <b>END DATE</b>	<b>NO. OF MOS. WORKED</b>	<b>HRS. WORKED PER DAY</b>	<b>HOURLY WAGE</b>	<b>ACTUAL WAGES EARNED FOR YEAR</b>	<b>NOTES</b>
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_____ <b>POSITION TITLE</b> (E.g. Laborer, Secretary, Admin. Asst., etc.) _____			_____ <b>POSITION STATUS</b> (E.g. Regular full-time, Part-time, Seasonal full-time, Temporary full-time, etc.) _____		
<b><i>If this member is currently employed by your agency, please provide the rate of pay effective the end of the month in which this form is completed.</i></b>	<b>FULL-TIME</b>  <input type="checkbox"/> <b>PART-TIME</b>  <input type="checkbox"/>	<b>HRS. WORKED PER DAY</b>	<b>RATE OF PAY</b>	<b>PAY FREQUENCY:</b> HOURLY <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> YEARLY <input type="checkbox"/>	

**RETIREMENT COVERAGE:**

 1. Did the member participate in an agency sponsored pension plan?  Yes    No

 2. If answer to 1. is yes, was it a:    DEFINED BENEFIT    DEFINED CONTRIBUTION

 3. Did member take a refund from the plan upon termination?  Yes    No

**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:** \_\_\_\_\_