

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 4226

Member's  
Soc. Sec. No.:

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Revised 10/05

## KENTUCKY RETIREMENT SYSTEMS VERIFICATION OF PAST SCHOOL BOARD 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 School Board 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 eighty (80) or more hours of work per month over a calendar or fiscal year for classified employees of school boards.
- 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: \_\_\_\_\_

SCHOOL YEAR <small>(MO/DAY/YR.) SHOW BREAKS IN SERVICE</small> BEGIN DATE      END DATE	NO. OF MOS. WORKED	CONTRACT DAYS	NUMBER OF ACTUAL DAYS WORKED	HRS. WORKED PER DAY	HOURLY WAGE	ACTUAL WAGES EARNED FOR SCHOOL YEAR	NOTES
_____	_____	_____	_____	_____	_____	_____	_____
<b>POSITION TITLE</b> <small>(E.g. Bus Driver, Cafeteria Worker, etc.)</small> _____			<b>POSITION STATUS</b> <small>(E.g. Regular full-time, Part-time, Seasonal full-time, Temporary full-time, etc.)</small> _____				
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
<b>POSITION TITLE</b> <small>(E.g. Bus Driver, Cafeteria Worker, etc.)</small> _____			<b>POSITION STATUS</b> <small>(E.g. Regular full-time, Part-time, Seasonal full-time, Temporary full-time, etc.)</small> _____				
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
<b>POSITION TITLE</b> <small>(E.g. Bus Driver, Cafeteria Worker, etc.)</small> _____			<b>POSITION STATUS</b> <small>(E.g. Regular full-time, Part-time, Seasonal full-time, Temporary full-time, etc.)</small> _____				
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
<b>POSITION TITLE</b> <small>(E.g. Bus Driver, Cafeteria Worker, etc.)</small> _____			<b>POSITION STATUS</b> <small>(E.g. Regular full-time, Part-time, Seasonal full-time, Temporary full-time, etc.)</small> _____				
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
<b>POSITION TITLE</b> <small>(E.g. Bus Driver, Cafeteria Worker, etc.)</small> _____			<b>POSITION STATUS</b> <small>(E.g. Regular full-time, Part-time, Seasonal full-time, Temporary full-time, etc.)</small> _____				

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