



Retirement Division

**Notice of Election to Participate in the Deferred Retirement Option Program (DROP) and Resignation of Employment**

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
*Street City State Zip Code*

School or Department: \_\_\_\_\_ Employee Job Title: \_\_\_\_\_

DROP Begin Date: \_\_\_\_\_ Separation from Service Date: \_\_\_\_\_

**Retirement from Employment to Participate in DROP:** I elect to participate in DROP in accordance with Sub-section 121.091 (13), Florida Statutes (FS), as indicated above, and resign my employment on the date I terminate from DROP. I understand that the earliest date my participation in DROP can begin is the first date I reach my normal retirement date as determined by FRS law and that my DROP participation cannot exceed a maximum of 60 months from the date I first reach my normal retirement date, although I may elect to participate in DROP for less than 60 months. Participation in the DROP does not guarantee my employment for the DROP period.

I understand that I must terminate all employment with FRS employers to receive a monthly retirement benefit and my DROP benefit under Chapter 12, FS. I cannot add additional service, change options, or change my type of retirement after my DROP begin date.

252-day work year employees:

\* Terminal lump sum vacation leave payment \_\_\_\_\_  
*Payment Date*

I understand that a percentage of my Terminal Sick Leave hours will be paid each year while enrolled in DROP, subject to BENCOR calculations.

\_\_\_\_\_  
*Signature of Employee Date*

\_\_\_\_\_  
*Signature of Personnel Administrator Date*

\* Subject to BENCOR calculations

Staff Use  
Date Entered: \_\_\_\_\_