DP-EXT
Rev. 04 /09
Calculations

Florida Retirement System Pension Plan
Extension of Deferred Retirement Option Program (DROP)
For Specified K-12 Instructional Personnel

P O Box 9000
Tallahassee FL 32315-9000
850 488-6491 Toll Free 888 738-2252
Fax 850 410-2195

Member Name _____ Member SSN _____

Position Title _____ Birth Date _____

Home Phone _____ Work Phone _____

Home Mailing Address _____ Present FRS Employer (s) _____

_____ _____

_____ _____

Section 121.091(13), F.S., allows individuals who are employed in a K-12 instructional position as defined in s. 1012(2)(a)-(d), F.S., with a district school board, Florida School for the Deaf and Blind or a developmental research school to participate in DROP beyond 60 months (up to a total of 96 months). Any participant who is eligible to participate for more than 60 months must receive authorization from the employer for each year of participation, after the initial 60-month period. The individual must be employed in an eligible position at the end of his/her initial DROP period in order to be considered eligible for DROP extension and must remain in an eligible position during the period of extension. Participation in DROP does not guarantee employment for the DROP period.

The dates of my DROP participation for my initial 60-month participation period are:

DROP begin date: _____ **DROP termination and resignation date:** _____

I am requesting to extend my DROP participation through ____/____/____ with the approval of my employer.

Member Signature: (sign in the presence of a Notary) _____

Notary: State of Florida, County of _____ The above named person has sworn to and subscribed before me this _____day of _____20 _____and is personally known _____or produced _____ as identification.

_____ _____
Signature of Notary Public- State of Florida Print, Type or Stamp Commissioned Name of Notary Public

Employer Certification:
This is to certify that the _____ (agency name) has rescinded the resignation of the above named member whose position meets the definition of an instructional position. The agency has approved a new termination date of ____/____/____. This agency stipulates that this member is eligible to participate in the DROP beyond 60 months and the member will continue working in a regularly established position as a _____.

Superintendent or Designee Signature _____ Agency Number _____

Agency Phone ___(____)_____ Date _____