DP-EXT
Effective 09/18
Calculations

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

PO BOX 9000 Tallahassee, FL 32315-9000
Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

Member Name		Member SSN	
Position Title		Birth Date	
Home Phone		Work Phone	
Home Mailing Address		Present FRS Employer(s)	

K-12 instructional personnel with a district school board, Florida School for the Deaf and Blind as defined in s. 1012.01(2)(a)-(d), F.S., or instructional personnel as defined in s. 1012.01(2)(a), F.S., with a developmental research school are allowed to participate in DROP beyond 60 months (up to a total of 96 months), as stated in s. 121.091(13) F.S. Effective July 1, 2018, instructional personnel who are authorized to extend DROP participation beyond the 60-month period must have a termination date that is the last working day of the school year within the DROP extension granted by the employer.

K-12 administrative personnel as defined in s. 1012.01(3), F.S. are also granted the potential to extend DROP participation beyond 60 months to reach the last working day of the school year effective July 1, 2018, as stated in s. 121.091(13), F.S.

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. To be considered eligible for DROP extension, the individual must be employed and remain in an eligible position during the initial DROP period and period of extension. Participation in DROP does not guarantee employment for the DROP period.

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

I am requesting to extend my DROP participation through ____/____/____, the last working day of the school year, with the approval of my employer.

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

Notary: State of _____, County of _____. The above named person who has sworn to and subscribed before me this _____ day of _____ 20 ____ and is personally known _____ or has produced _____ as identification.

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This is to certify that the _____ (agency name) has rescinded the resignation of the above named member whose position meets the definition of an instructional/administrative position.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

Superintendent or Designee Signature _____ Printed Name _____

Position Title _____ Agency Number _____

Agency Phone (___) _____ Date _____

Rule 60S-11.004, F.A.C.