RSA 10 D-CCE
09/08
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DEFERRED RETIREMENT OPTION PLAN (DROP)
PARTICIPATION PERIOD COMPLETED/CONTINUED SERVICE

Check One:
☐ ERS
☐ TRS

Retirement Systems of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

Name: _____ **Social Security No.:** ___-___-___
First Middle Last

Employing School System or Agency: _____

Requested Effective Date of DROP Termination: _____ **Phone No.:** _____
(must be last day of month)

I. ☐ I will continue to be employed on a full-time basis after DROP termination.

II. Signature of Applicant: _____

Notarization: STATE OF ALABAMA, COUNTY OF _____. On this _____day of _____, 20_____, personally appeared before me, the above-named _____ and made oath that the statements made are true.

Signature of Notary Public _____

My Commission Expires _____

III. Employer Certification

1. Last date of service prior to DROP termination date _____

2. Closing date of last payroll for salary earned prior to DROP termination date _____

3. Accrued Sick Leave Certification:

   Total accrued unused sick leave days at the end of DROP participation period _____

4. Signature of Authorized Official _____ Date _____

   Employing Institution _____

   Employer Phone Number (_____) _____

Note: Your DROP account funds will not be available to you until you terminate employment.