

**DEFERRED RETIREMENT OPTION PLAN (DROP)  
PARTICIPATION PERIOD COMPLETED/CONTINUED SERVICE**

**Employees' Retirement System 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 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. Your DROP account will continue to earn interest until the funds are distributed to you.**