



Division of Human Resources
DROP EXTENSION REQUEST

IMPORTANT: If your DROP extension request is approved by the Superintendent, you MUST contact the Retirement Specialist in the Retirement office to complete the **FRS Extension** of Deferred Retirement Option Program (DROP) Form.

SECTION I. (To be completed by the employee)

Employee: _____ Employee ID: _____
Please print

School/Department: _____

Current anticipated DROP termination (date): _____

I am requesting to extend DROP through (date): _____

Pursuant to Florida Statute 121.091 (13), participation in DROP beyond the initial 96-month period shall be on an annual contractual basis. I understand that if I wish to extend DROP beyond the date approved by the Superintendent, I will need to reapply prior to the end of my DROP extension. **(The total of all DROP extensions granted may not exceed 24 months.)**

Employee's Signature _____
Date

SECTION II. (To be completed by the site-based administrator)

Site-based Administrator Name/Title: _____
Please print

Based on the needs of students and of the school/department, I hereby:

recommend DROP extension.

do not recommend DROP extension.

Site-Based Administrator's Signature _____
Date

INSTRUCTIONS: The site-based administrator must submit this form (all copies) to the Assistant Superintendent for Retirement office for approval.

SECTION III. (To be completed by the Superintendent/Designee)

DROP extension approved through: _____
Date

DROP extension not approved

Superintendent/Designee Signature _____
Date