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

Teachers' 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 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. <u>Accrued Sick Leave Certification</u>:

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

4. Current contract salary _____

5. Days worked prior to DROP Termination _____

6. Days in current contract period _____

7. Signature of Authorized Official _____

   Date _____

   Employing Institution _____

   Employer Phone Number (_____) _____

Please project and certify the last 7 months of deduction for salary earned prior to the DROP termination date regardless of when paid.

Month		Month	
Jul	_____	Jan	_____
Aug	_____	Feb	_____
Sep	_____	Mar	_____
Oct	_____	Apr	_____
Nov	_____	May	_____
Dec	_____	Jun	_____

Note: Your DROP account funds will not be available to you until you terminate employment. Your DROP account will continue to earn interest until 90 days after you terminate employment.