



Human Resources

Deferred Retirement Option Program (DROP) Extension Departmental Approval Form

Name:	
UFID:	Phone:
Department:	Email:

I elect to extend my participation in DROP in accordance with Florida Statutes. I am requesting to change my previously approved DROP termination and resignation date. My new DROP termination and resignation date are noted below. I understand that participation in DROP does not guarantee my continued employment for the DROP period. Enclosed is my updated DP-ELE for signature and processing by the University Benefits Team.

Original DROP Participation Begin Date: _

New DROP Termination and Resignation Date: _

Employee Signature: _____ Date: _____

APPROVALS:

Supervisor: _____ Date: _____

Print name:

Dean/Vice President: _____ Date: _____

Print name: