



OFFICE OF HUMAN RESOURCES DROP LEAVE ELECTION FORM

Employee Name: _____ N-Number: _____ DROP Effective Date: _____

Directions for employee:

As a participant in the Deferred Retirement Option Program (DROP), you must decide when you want to be paid for unused annual leave and any accrued compensatory leave (if earned within the past eleven months). Please choose from the options below and return this form to the Office of Human Resources.

ELECTION 1

I request payment of my unused leave when I initially retire (enter DROP). I understand payments for annual leave and compensatory leave will be included in the calculation of my highest five years for retirement purposes. The maximum annual leave that may be paid is 240 hours for Support Staff, 352 hours for Administrative and Faculty, and 480 hours for Executive.

I request the following amount of annual leave hours to be paid out: _____

I request the following amount of comp leave hours to be paid out: _____

I understand that I will not be eligible to receive a second lump-sum payment of annual leave upon termination of employment except to the extent that I have earned additional annual leave which combined with this payment does not exceed the maximum lump-sum payment allowed.

ELECTION 2

I request payment of my unused annual leave at the end of the DROP period and understand the annual leave payment will not be used in the calculation of my highest five years for retirement purposes.

NOTE: Unused sick leave will be carried forward into the DROP period to be paid upon final retirement.

Employee's Signature:

Date:

Office of Human Resources:

Date:

Department Head:

Date:

Divisional Vice President or Designee:

Date: