**DROP EXTENSION**

**PROCEDURE AND REQUEST FORM**

Leon County School District allows individuals employed in eligible instructional and administrative positions, who are scheduled to terminate DROP participation during the school year, to extend participation in DROP through the end of the school year (no later than June 30th).

It is the employee’s responsibility to attain, complete and submit necessary forms and to meet required timelines.

The purpose of the following procedure is to provide information and instruction relative to Extended Deferred Retirement Option Program (DROP) Employment for instructional staff.

**Procedures:**

1. **Eligible Employees:** Only employees who are classified as “instructional or administrative personnel” (as defined in Section 1012.01 (2) (a-d) and 1012.01 (3) (a-c) F.S.) are eligible to be considered for extended DROP participation.

**Instructional positions include:**

* 1. Classroom teachers; (Note: The legislation governing DROP Extension includes only K-12 teachers.)
  2. Student personnel services staff (guidance counselors, social workers and school psychologists);
  3. Librarians and media specialists; and
  4. Other instructional staff (primary specialists, learning resource specialists, instructional trainers, adjunct educators, and similar positions).

**Administrative positions include:**

K-12 personnel who perform management activities such as developing broad policies for the school district and executing those policies through the direction of personnel at all levels within the district such as district school superintendents and the following classifications:

1. District-based instructional administrators such as assistant, associate, or deputy superintendents and directors of major instructional areas. Examples are curriculum & federal programs.
2. District-based non-instructional administrators such as assistant, associate, or deputy superintendents and directors of major non-instructional areas. Examples are personnel, construction, facilities, transportation, data processing, and finance.
3. School administrators such as school principals, assistant principals, or school directors.
4. **Request Process**: Eligible employees who are scheduled to terminate DROP participation during the school year and wish to be considered for extended employment as a DROP participant **at their assigned school** must complete, sign, and submit the Request for Extended DROP Employment form and the FRS DP-EXT Form according to the procedures described below. (See # 8, Required Forms, for access to forms.)
5. **Consideration Process:**

Extended DROP Employment at Employee’s Assigned Work Site.

* 1. The request form must be submitted to the employee’s site administrator or supervisor **no later than 90 calendar days prior to the scheduled DROP termination date.** The site administrator will review the request and recommend extended DROP employment only where a position is available at that site and continuation of employment is considered to be in the best interest of the site.
  2. The site administrator’s recommendation will be made on the Request for Extended DROP Employment form and forwarded to the Leon County Schools (LCS) Retirement Office for processing

1. **Approval/Denial Process:** The LCS Retirement Office will forward the Request for Extended DROP Employment and the DP-EXT, Extension of Deferred Retirement Option Program (DROP) form to the Superintendent or designee for review.
   1. The Superintendent or designee will review the recommendation of the site administrator or supervisor. If it is in the best interest of the site and the District, he/she will sign the “Employer Certification” section of the DP-EXT, Extension of Deferred Retirement Option Program (DROP) form.

b. The Superintendent or designee shall return the Request for Extended DROP Employment and the DP-EXT, Extension of Deferred Retirement Option Program forms with his/her decision to the LCS Retirement Office.

1. **Employee Notification:** After receipt of the Superintendent or designee’s recommendation, the LCS Retirement Office will notify the employee of the decision, and if appropriate, forward the FRS DP-EXT Form to the Florida Retirement System.
2. **Sick Leave Payout Process:** During the first 60 months of DROP participation, sick leave will be paid to the eligible DROP participant as provided in Board Policy and Article 16.05 of the *Collective Bargaining Contract between the Leon County School Board and the Leon Classroom Teachers’ Association*.
3. **District Contact Person:** All questions regarding this process and all forms should be directed to the LCS Retirement Office, Administration East, (850) 487-7104.
4. **Required Forms:** Forms required to request Extended DROP Employment are (1) Florida Retirement System’s DP-EXT, Extension of Deferred Retirement Option Program (DROP) and (2) Leon County Schools’ Request for Extended DROP Employment. The DP-EXT form can be accessed at [www.rol.frs.state.fl.us](http://www.rol.frs.state.fl.us) and the LCS form is attached to this procedure or may be accessed on the District Forms Website at [www.forms.leon.k12.fl.us](http://www.forms.leon.k12.fl.us) .
5. **Definitions that apply to this section:** Section 121.091 (13), Florida Statutes, allows individuals employed in an instructional position to extend participation in DROP beyond 60 months (not to exceed a total of 96 months). The Superintendent has sole discretion for granting approval to extend participation in DROP. **Completion of a request as provided below in no way grants an employee a right to DROP extension.**

**This Form is to be** **completed and submitted by eligible instructional or administrative employees of the District who wish to be considered for Extended DROP employment. Part I of the form must be completed by the employee and filed with the employee’s site administrator or supervisor** **no later than 90 calendar days prior to the original scheduled DROP termination date.**

**---------------------------------------------------------------------Part I-------------------------------------------------------------------**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print)

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Original DROP Termination Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Current Position Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Site/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ I request that I be considered for extension of my DROP employment period for the remainder of School Year \_\_\_\_\_\_\_\_\_\_:

* I am currently appointed in a classification that meets the definition of “instructional personnel” as defined by Florida Statute 1012.01 (2) (a-d); or I am currently appointed in a classification that meets the definition of “administrative personnel” as defined by Florida Statute 1012.01 (3) (a-c);
* I am completing my fifth year/60th month of DROP participation); and
* I am filing this Form with the site administrator **no later than 90 calendar days prior to my scheduled DROP termination date**

\_\_\_\_ I hereby verify the above information is correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

**--------------------------------------------------------------------Part II-------------------------------------------------------------------**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date received by Site Administrator from instructional employee.

The site administrator or supervisor’s recommendation for extended DROP employment for this employee at this site/school for the remainder of School Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is as follows:

\_\_\_ **Recommended** for extended DROP employment.

\_\_\_ **Not recommended** for extended DROP employment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Site Administrator or Executive Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Site Administrator or Executive Director Date

**Submit the Request for Extended DROP Employment and the DP-EXT forms to the LCS Retirement Office.**