



Certification of Continued Employment After DROP Participation

Member's First Name	Middle Name	Last Name	Today's Date	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IMPORTANT: Complete the entire form. Follow the specific instructions for each section. All dates should be in MM/DD/YYYY format.

SECTION 1: MEMBER'S INFORMATION

Member's Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Area Code/Phone Number	Evening Area Code/Phone Number	Email Address	Member's Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2: MEMBER SIGNATURE

I hereby certify that I plan to continue state employment at the end of my DROP participation period. **I understand that employee and employer contributions will resume being paid to the retirement system.** I also understand that the funds in my DROP account cannot be withdrawn until I terminate state employment.

Member's Signature	Date
<input type="text"/>	<input type="text"/>

SECTION 3: AGENCY CERTIFICATION

This is to certify that the above mentioned employee is continuing state employment at the end of their DROP participation period and employee and employer contributions will resume.

Name of Personnel Officer	Name of Agency	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Personnel Officer Email Address	Daytime Area Code/Phone Number	
<input type="text"/>	<input type="text"/>	
Signature of Personnel Officer	Date	Agency 3 digit Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Ending Date of DROP Participation		
<input type="text"/>		