

EAST BATON ROUGE PARISH SCHOOL SYSTEM
PAYROLL DEPARTMENT

Notice of Election, Per R.S. 17:425.1

(THIS FORM MUST BE SUBMITTED TO THE PAYROLL DEPARTMENT FOR PROCESSING)

EMPLOYEE (Print Name) _____

EMPLOYEE NUMBER _____

POSITION _____

JOB LOCATION _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

I certify that I am eligible to participate, and have enrolled in the Deferred Retirement Option Plan (DROP) My first day of DROP participation is _____. In accordance with the above referenced law, I am make the following election.

I elect to be paid for my accumulated sick leave balance up to a maximum of 25 days at the time of my entry into DROP. I understand that the payment will not be made until after my beginning DROP date, and the retirement system confirms my DROP status in its system. I understand that I will not be eligible for any additional sick leave severance payments at the termination of my employment. I understand this is irrevocable.

Employee Signature/Date

Witnesses

Signature Date

Signature Date

FOR SCHOOL SYSTEM USE ONLY

DROP status confirmed by: _____

Sick leave balance DROP entry: _____

Confirmation date: _____

Sick leave balance currently: _____

EBRPSS processor: _____

Daily rate of pay DROP entry: _____

Payment amount: _____