Ending DROP Retirement - Checklist

Employee Name _____   People First ID# _____

Agency/Circuit _____   DROP Term. Date _____

DROP Retirement Forms Packet   ☐   Date

Processed DP-TERM, DROP Termination Form*   ☐ _____

Processed DP-PAYT, DROP Payout Form*   ☐ _____

Faxed to the Division of Retirement or submitted to JAC   ☐ _____

*The DP-TERM and DP-PAYT are not available electronically. The Division of Retirement mails the pre-populated forms directly to the employee's designated address on file.

Payroll   ☐   Date

Submitted Termination PAR to JAC, reason code "56" for "Retirement"   ☐ _____

Submitted PAR to JAC for annual and/or sick leave payout*   ☐ _____

* Please indicate if the employee has elected to roll over a portion or all of their leave payout to their 457(b) Deferred Compensation account. This can be noted in the Comments Section of the PAR.

Notes: