



The City of Miramar  
Police Officers' Retirement Plan and Trust Fund  
FORM AUTHORIZING TRANSFER OF ACCUMULATED  
LEAVE INTO DROP ACCOUNT

(This form is required to be executed by all **DROP** participants who enter into the **DROP** after October 20, 2006.)

**PLEASE PRINT OR TYPE:**

**NAME OF DROP PARTICIPANT:** \_\_\_\_\_

As authorized by Section 15-226 of the Miramar City Code and the Administrative Rules adopted by the Pension Board, DROP participants within the Miramar Police Pension Plan are required to elect to receive annual distribution into their DROP account of their accumulated leave balances, members shall also be required to maintain minimum accumulated leave balances of five hundred (500) hours, including three hundred (300) hours of sick time, as set forth in the Administrative Rules adopted by the Pension Board. The value of a participant's accumulated leave balances shall be determined in accordance with applicable City personnel policies and/or collectively bargained agreements. By signing this form the member authorizes the transfer of the entire balance in the member's accumulated leave account, subject to Pension Board requirements.

This form is required to be filled out by **DROP** participant to authorize the transfer of eligible accumulated leave balances into the participant's **DROP** account.

**This form must be submitted together with the member's DROP application, and in no event shall be submitted later than the December 31<sup>st</sup> of the calendar year prior to the year of separation from service. A member shall not be permitted to enter the DROP unless this form has been completed.**

**PRIOR TO COMPLETING THIS FORM AND ENTERING INTO THE DROP, IT IS STRONGLY RECOMMENDED THAT YOU CONSULT WITH AN ACCOUNTANT, TAX PLANNER OR ATTORNEY WITH REGARDS TO THE TAX CONSEQUENCES OF YOUR DECISION. THE PENSION BOARD CANNOT PROVIDE SPECIFIC TAX ADVICE TO MEMBERS.**

I hereby elect to transfer my accumulated leave balances into my **DROP** account subject to Pension Board rules. I agree that five hundred hours shall be ineligible for transfer, including three hundred hours of sick time.

The minimum leave balance of 500 hours that I am required to maintain and cannot transfer into my **DROP** account) shall be allocated as follows:



# The City of Miramar

## Police Officers' Retirement Plan and Trust Fund

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1	2	3	4
Benefit Category	Total Hours Available	Hours to be Transferred to DROP	Hours Remaining (Column 2-4 = 5)
Sick Leave (*)			
Vacation (*)			
Comp Time Hours			

*(\*) 500 minimum of leave hours must be retained & not transferable to DROP Account including 80 hours of leave other than sick (i.e. Comp Time, Vacation, Floating Holidays, etc.).*

**If a member having in excess of 500 hours fails to accurately designate a proper allocation, funds shall automatically be transferred using the following order of preference: funds will be taken first from comp time, followed by vacation time, and finally sick time as is necessary to satisfy the minimum leave balance of 500 hours.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this \_\_\_\_\_  
\_\_\_\_\_ (date) by \_\_\_\_\_ (name

of person acknowledging), who is personally known to me or who has produced  
\_\_\_\_\_ (type of identification) as identification.

\_\_\_\_\_  
(Signature of person taking acknowledgment)  
(Name typed, printed or stamped)  
(Title or rank)  
(Serial number, if any)

**Acknowledgement of Receipt by Human Resources Department:** This form was submitted to the Human Resources Department on the date set forth below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Revised: 11/2015*