

[Your Name]
[Your Employee ID]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]

[Date]

[Name of Plan Administrator or Supervisor]
[Department Name]
[Organization Name]
[Address]
[City, State, Zip Code]

Subject: Request for Extension of Deferred Retirement Option Plan (DROP) Period

Dear [Name of Administrator],

I am writing to formally request an extension of my current Deferred Retirement Option Plan (DROP) period. My initial DROP participation began on [Original Start Date] and is currently scheduled to conclude on [Original End Date].

I would like to request an extension of [Number of Months/Years], which would move my new anticipated retirement date to [New End Date].

This request is based on [Briefly state reason, e.g., departmental needs, completion of a specific project, or personal financial planning]. I remain committed to fulfilling my duties and ensuring a smooth transition of my responsibilities prior to my final retirement date.

I understand that this extension is subject to approval according to the policies of [Organization Name] and the governing retirement system regulations. Please let me know if there are additional forms or documentation required to process this request.

Thank you for your time and consideration.

Sincerely,

[Your Signature]

[Your Printed Name]