



**CITY OF COCOA
DEFERRED RETIREMENT OPTION PLAN (DROP)
NOTICE OF RESIGNATION**

TO WHOM IT MAY CONCERN:

This letter will serve as my, _____ (print your name), official irrevocable letter of resignation. I have completed the applicable election form and have elected to participate in the DROP effective _____ ("Effective Date of DROP Participation"). I understand my retirement benefit, as it relates to my pension plan, will be based on this date. I will terminate my employment with the City of Cocoa effective _____ ("Effective Date of Termination"). This date will coincide with the date my participation in the DROP ends. *I understand my resignation can not be rescinded under any circumstances.*

Employee Signature

Date

(HR Use Only)

Date Received: _____ DROP Begins: _____

By: _____ DOT: _____

Date Copied to Administrator: _____ DROP Ends: _____

Cc: Employee
Pension Administrator
Payroll
File