

**Prince William County Public Schools  
Retirement Opportunity Program  
Participation/Work Assignment Request**

(Please Type or Print)

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Former Position \_\_\_\_\_

Number of Years Completed Under ROP: \_\_\_\_\_

**Work Assignment**

Fiscal Year: \_\_\_\_\_ Total Number of Days: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Location: \_\_\_\_\_

Description of duties to be performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Participant

By signing this document you agree to the terms of the  
of Regulation 555.05-1 "Retirement Opportunity Program"  
and any changes that may be made to the program.

\_\_\_\_\_

Supervisor/Manager

\_\_\_\_\_

Director/Principal/Associate

*To Be Completed by Office of Benefits & Retirement Services*

**Compensation**

Fiscal Year Compensation \$ \_\_\_\_\_

Semi-Monthly Pay \$ \_\_\_\_\_

Number of Pay Periods \_\_\_\_\_

**Approval**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Director of Benefits &  
Retirement Services

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Superintendent/Designee