

**VOLUNTARY SEPARATION INCENTIVE PROGRAM  
REQUEST & WAIVER FORM**

I, \_\_\_\_\_ (Print Name) request to participate in the Voluntary Separation Incentive Program (VSIP). It is understood that the option of voluntary separation will result in payment for all accrued vacation and compensatory time and will provide for a one-time cash payment as described below. This payment will be made, less normal deductions, upon separation of employment. I also understand that if I am less than full time, but at least half time, I will receive a prorated one-time payment. I understand that I must apply for this incentive on or before November 14, 2016 and that my last day of work will be on or before January 2, 2017. Management will make the final determination of the exact date of departure based on operational needs. Every attempt will be made to identify a mutually satisfactory date:

If granted this voluntary separation incentive, I agree to the following:

Check One:

- ☐ I am retirement-eligible (\$15,000 one-time cash incentive)
- ☐ I am not retirement-eligible (\$5,000 one-time cash incentive)
- I wish to volunteer for VSIP and I am aware of and hereby waive any and all rights to appeal my selection for separation and rights to bumping to any forum.
- My name will be placed on the recall /reinstatement list in accordance with my Collective Bargaining Agreement and/or Civil Service laws. However, if I return to employment within an Executive Branch agency within one (1) year of the effective date of my voluntary separation, I will repay 100% of any incentive amount to the Commonwealth. If I refuse an offer of recall during the twelve (12) month period following my voluntary separation, during which I am subject to the repayment provisions, I will not forfeit my recall rights.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

I am an authorized representative of the \_\_\_\_\_, which is the certified bargaining representative of the above-named employee. The employee named above, who is requesting a voluntary separation, is aware of the rights and obligations associated with such separation, and freely waives any and all rights to appeal the selection for separation and rights to bumping to any forum.

\_\_\_\_\_  
Union Representative Signature

\_\_\_\_\_  
Date

Approval:

\_\_\_\_\_  
Agency Head or Designee

\_\_\_\_\_  
Date