**NOTICE OF RETIREMENT**

**Acceptance of Offer to Participate in**

**Voluntary Separation Incentive Program**

Sign and scan, or electronically sign this form, and email it to [hr@ksu.edu](mailto:hr@ksu.edu)

**no later than 5:00 p.m., November 29, 2021**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Information** | | | |
| Full Name: |  |  |  |
|  | *Last* | *First* | *M.I.* |
| Home Address: |  |  |  |
|  | *Street Address* |  | *Apt./Unit #* |
|  |  |  |  |
|  | *City* | *State* | *Zip Code* |
| Date of Separation: | |  |  |
| **Appointment Information** | | | |
| Employee ID: |  | Job Title: |  |
| Department / Unit: | | Supervisor: |  |
| Annual Base Budgeted Salary: |  | VSIP Payout Amount: |  |

By signing below, I agree to following:

* **I will retire from Kansas State University on \_\_\_\_\_\_\_\_\_\_\_\_\_. I understand and agree that by signing this notice I cannot later revoke my retirement as the University will make decisions related to finances, academic services and staffing based upon this notice.**
* I confirm I have read and understand the Kansas State University Voluntary Separation Incentive Program for Retirement (VSIP) application procedures and frequently asked questions. These resources are available at: <http://www.ksu.edu/hcs/vsip>.
* I understand that I am no longer considered eligible for future merit increases.
* I understand that I continue to be subject to all applicable University codes, rules and regulations, policies, and procedures until I retire including the University employee COVID-19 vaccine requirement.
* I understand I have been approved to participate in the VSIP program and I must complete appropriate forms and information, including a Separation Agreement with Waiver and Release, before I am entitled to receive any benefits from the VSIP program.
* I understand that I am receiving a copy of a Separation Agreement with Waiver and Release and that it is my choice whether to sign the agreement and accept its terms.
* I understand that the university cannot provide me with financial, tax, or legal advice regarding the VSIP or other matters.
* I understand that if I do not sign the Separation Agreement, or if I revoke the Separation Agreement within any revocation timeline permitted by applicable law, I understand that I will not be eligible to receive any benefits from the VSIP program (including the monetary payout) but will continue to receive all benefits I am entitled to as a retiree Kansas State University.

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Employee Signature Date