**Voluntary Separation Incentive Program**

**(VSIP) Withdrawal Form**

This form may be submitted online at **any time PRIOR to executing a VSIP Notice of Retirement**

If you need assistance completing this form, please email hr@ksu.edu or call 785-532-6277

**I hereby withdraw my application for consideration for Kansas State University Voluntary Separation Incentive Program for Retirement (VSIP).**

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| --- |
| **Personal Information** |
| Full Name: |   |   |   |
|   | *Last* | *First* | *M.I.* |
| Home Address: |   |   |   |
|  | *Street Address* |  | *Apt./Unit #* |
|   |   |   |   |
|  | *City* | *State* | *Zip Code* |
| Employee ID: |   | Job Title: |   |
| Department / Unit: | Supervisor: |   |
| Work Email: |   | Work Phone: ( ) |   |

By submitting this form, I understand that I will no longer be considered for approval in the VSIP unless I reapply within the application period.

I further understand that I will not be eligible for any payment or other consideration available in the VSIP.

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Employee Signature Date