

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).

| Personal Information | | | |
|----------------------|-----------------------|--------------------|-----------------|
| Full Name: | | | |
| | <i>Last</i> | <i>First</i> | <i>M.I.</i> |
| Home Address: | | | |
| | <i>Street Address</i> | <i>Apt./Unit #</i> | |
| | <i>City</i> | <i>State</i> | <i>Zip Code</i> |
| 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.

Employee Signature

Date