



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 benefits@ksu.edu
no later than 5:00 p.m., February 24, 2023

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>
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.

Employee Signature

Date