**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 benefits@ksu.edu or call 785-532-6277

**I hereby withdraw my application for consideration for Kansas State University, College of Arts & Sciences Voluntary Separation Incentive Program for Retirement (VSIP).**

|  |  |  |  |
| --- | --- | --- | --- |
| **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