

**2024 Voluntary Separation Incentive Program (VSIP)**

**Application**

**Please follow one of these methods to submit your application form:**

1. Fill out the form directly on [Adobe Sign](https://sign.csueastbay.edu/); or

Cal State East Bay,

Human Resources

SA Building, Suite 2600

c/o AVP Victoria Morris

1. Fill out, print, and turn in this application in person to:

Applications for the 2024 Voluntary Separation Incentive Program (VSIP) must be submitted via Adobe Sign or to Human Resources (SA Building, suite 2600) beginning **April 2, 8:00 A.M**, **PDT through 5:00 P.M. PDT, May 1, 2024**. **Applications received after 5:00 P.M. on May 1 will not be considered**. Submission via Adobe Sign is **highly** preferred.Complete applications will be processed on a first come, first served basis in the order in which they were received.

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| --- | --- | --- | --- |
| Employee Name: |  | Employee ID: |  |
| Job Title: |  | Division/Department: |  |
| Appropriate Admin Name |  | School/College |  |
| Email |  | Phone |  |
| Intended | ▢ Separation ▢ Retirement | Intended Date |  |

**Acknowledgement and Signature**

I acknowledge that I have read the TERMS AND CONDITIONS of the 2024 VSIP in its entirety. Additionally, I certify that I meet all eligibility requirements and that all information provided on this application is accurate. I also understand the following:

* Participation in the 2024 VSIP is strictly voluntary.
* Participation in the 2024 VSIP requires me to execute a general waiver and release of all claims.
* My decision to separate and the date chosen for separation in this APPLICATION is irrevocable upon executing the SEPARATION AGREEMENT AND RELEASE and returning it to Human Resources.
* Upon executing and returning the SEPARATION AGREEMENT AND RELEASE to Human Resources, I am eligible to receive 100% of the calculated severance amount on my last day of employment.
* The 2024 VSIP does not create an entitlement and the provisions of the program are subject to change at the discretion of management.
* The University reserves the right to accept or deny applications in accordance with the TERMS AND CONDITIONS.
* I understand I may seek legal counsel before signing this application.

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| --- | --- | --- |
| Employee Name | Employee Signature | Date |
|  |  |  |
| Human Resources Name | Human Resources Signature | Date |
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