

Southeast Missouri State University

**FACULTY Application to Participate in
Voluntary Retirement Incentive Program (VRIP)**

Applications may be submitted beginning January 21, 2019, until 5:00 p.m. on March 7, 2019. Once the application window period closes, you may not submit an application for consideration. The University reserves the right to re-open consideration for this program at any time in the future under the same or different provisions.

Name: _____
Last First Middle

Title: _____

Department: _____

I hereby submit my application to participate in the Voluntary Retirement Incentive Program (VRIP) being offered to eligible faculty and staff members.

I understand that, by voluntarily electing to retire in conjunction with the VRIP, I will be eligible to receive a special incentive package. I further understand that receipt of the special incentive package is contingent upon my signing a Separation Agreement and General Release. I hereby acknowledge that a copy of the Separation Agreement and General Release, which contains the terms and conditions of the separation package, and the Program Information Document was provided to me for my review via written notification dated January 2, 2019, along with other information about the VRIP.

I understand that I have until March 7, 2019, within which I may review and consider the Agreement and Release and decide whether I wish to accept the terms of the Agreement and Release and receive a special separation package. I understand that to participate in the VRIP this signed Election to Participate must be received by Office of Human Resources, Academic Hall Room 012, no later than 5:00 p.m. on March 7, 2019.

I further understand that acceptance into the VRIP and the total number of participants in the VRIP will be at the sole discretion of the University based on a variety of factors appropriate under the circumstances in order to preserve the continuity of the University's essential functions and the integrity of its financial resources. I understand I will be notified of acceptance/denial into the VRIP program through my Southeast email account.

I understand that if accepted into the VRIP program I must execute the Separation Agreement and General Release within fourteen (14) calendar days from the date notification of acceptance is issued by the University. I further understand that I will have seven (7) calendar days after signing within which I may revoke the Agreement and Release in writing, and that the Agreement and

Release will become effective and enforceable if the Director of Human Resources does not receive my written revocation by the end of the seven (7) day revocation period.

I understand, acknowledge and agree that my voluntary retirement shall become effective on or before December 31, 2020, and that I am expected to work cooperatively with my department head and division executive to insure a retirement date that will support the successful completion of obligations to students, faculty and staff in a smooth transition of ongoing responsibilities to others.

I hereby elect a preferred voluntary retirement effective date of (please mark "1" by your first choice and "2" by your second choice):

_____ May 31, 2019

_____ May 31, 2020

_____ December 31, 2019

_____ December 31, 2020

I ACKNOWLEDGE THAT I HAVE READ THE VOLUNTARY RETIREMENT INCENTIVE PROGRAM INFORMATION DOCUMENT CONSISTING OF SEVEN (7) PAGES AND THAT I FULLY UNDERSTAND AND ACCEPT ALL OF ITS TERMS ON MY OWN FREE WILL. I FURTHER ACKNOWLEDGE THAT I HAVE HAD AN ADEQUATE OPPORTUNITY TO DISCUSS THIS DOCUMENT WITH AN ATTORNEY AND HAVE DONE SO OR HAVE VOLUNTARILY ELECTED NOT TO DO SO. I UNDERSTAND THAT IF I AM ACCEPTED TO THE PROGRAM MY EMPLOYMENT WITH THE UNIVERSITY WILL TERMINATE ON OR BEFORE DECEMBER 31, 2020.

Signature of Applicant

Date

Received by Office of Human Resources:

By: _____

Date: _____, 2019

Time: _____ a.m./p.m.