



NOTICE OF RETIREMENT

Acceptance of Offer to Participate in Voluntary Separation Incentive Program

Complete this form and hand-deliver it with your signature, no later than 5:00 p.m., Nov. 21, 2018, or send via US Postal Service postmarked no later than Nov. 21, 2018, to:
 Provost Office, Attn: Stacey Rinnert, University of Kansas
 250 Strong Hall, 1450 Jayhawk Blvd.
 Lawrence, KS 66045-7518

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>
Submitted Date of KU Separation:			
Appointment Information			
Job Title:			
Department / Unit:		Supervisor:	
Annual Base Budgeted Salary:			

By signing below, I agree to following:

- **I will retire from the University of Kansas on <Insert date>. I agree that 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 University of Kansas Voluntary Separation Incentive Program for Retirement (VSIP) Guidelines. Those guidelines are available at: <http://provost.ku.edu/vsip>
- I understand that I am no longer be 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.
- 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 is advising me to review this Separation Agreement with Waiver and Release with an attorney and a tax advisor of my choosing.
- I understand that if I do not sign the Separation Agreement, or if I revoke the Separation Agreement within 7 days of my signature, 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 from The University of Kansas.

Employee Signature

Date

SAMPLE