



# Voluntary Separation Incentive Program (VSIP) Notice of Interest

Complete this form and hand-deliver it with your signature, **no later than 5:00 p.m., October 05, 2018** or send via US Postal Service postmarked no later than **October 05, 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>
Birth Date:			
Planned Date of KU Separation:			
	May 31, 2019 – 100% of Salary		
	June 30, 2019 – 100% of Salary		
	December 31, 2019 - 85% of Salary		
	May 31, 2020 – 70% of Salary		
	June 30, 2020 – 70% of Salary		
Appointment Information			
Job Title:			
Department / Unit:		Supervisor:	
Work Email:		Work Phone: (     )	
Beneficiary Information			
Name			
Relationship:		Address:	
Date of Birth:		SSN:	

By signing below, I confirm I have read, understand, and agree to the following:

- I have read and understood 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 this VSIP Notice of Interest form does not guarantee or entitle my participation in the VSIP option, nor does it officially recognize my intent to retire.
- I understand that if I am selected and agree to participate in the VSIP, I will 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 must obtain approval to participate in the VSIP and complete appropriate forms and information, including a Notice of Retirement and a Separation Agreement with Waiver and Release, before I am entitled to receive any benefits from the VSIP.
- I also understand that if I am approved to participate in the VSIP and agree to the terms of the program, I am required to retire from the University of Kansas on the VSIP retirement date chosen on this form, regardless of whether I sign the Separation Agreement or not.
- I understand that upon verification and approval of my participation in the VSIP I will receive information on the retirement process, submit my letter of retirement, and be given a copy of a Separation Agreement with Waiver and Release to review with an attorney and tax advisor of my choosing.
- I understand that I am required to sign the Separation Agreement with Waiver and Release **on the day I retire**.
- I understand that if I choose not to execute or if I execute and then 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) and the University of Kansas will continue to treat me as retired and I will still receive the retirement benefits available to KU retirees per established University policies, plans, and procedures. <http://humanresources.ku.edu/benefits-retirement>

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Employee Signature

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Date