



NOTICE OF RETIREMENT Acceptance of Offer to Participate in Voluntary Separation Incentive Program

Sign and scan, or electronically sign this form, and email it to vsip@ku.edu no later than 5 p.m.,
December 23, 2025

Personal Information (Information in the table will be prepopulated by university administration)	
Full Name:	
<i>Last</i>	<i>First</i>
Home Address:	
<i>Street Address</i>	
<i>City</i>	<i>State</i>
Work email:	Work phone:
Date of KU Separation: May 22, 2026	
Appointment Information	
Job Title:	
Department / Unit:	Supervisor:
Annual Base Budgeted Salary:	VSIP Payout Amount:

By signing below, I agree to following:

- **I will retire from the University of Kansas on May 22, 2026. 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 that I have read and understand the University of Kansas Voluntary Separation Incentive Program for Retirement (VSIP) Guidelines. Those guidelines are available at: <https://provost.ku.edu/2025-vsip-overview>.
- I understand that I am no longer 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