



**FORT VALLEY STATE UNIVERSITY
VOLUNTARY SEPARATION PROGRAM**

APPLICATION TO PARTICIPATE

This application is *voluntary*. **Your completed application must be received by the Office of Human Resources (C.V. Troup Bldg., Suite 202 or hrfvsu@fvsu.edu) by 5:00 p.m. on September 1, 2020 or it will not be considered.**

I am applying to participate in FVSU's Voluntary Separation Program and to voluntarily retire from employment at FVSU in accordance with the Voluntary Separation Program.

Name (Please Print): _____
Position/Title: _____
Department: _____
Contact phone number: _____
Hire Date (month/year): _____

Please indicate whether you are: Staff Faculty

Please indicate which retirement plan you participate in:

Teachers Retirement System (TRS) Optional Retirement Plan (ORP)

Requested effective retirement date: November 1, 2020 December 1, 2020

By signing below, I apply to participate in the Voluntary Separation Program ("Program"). I understand that upon confirmation of my eligibility to participate in and written acceptance by the Office of Human Resources an Agreement and Release signed by me, I will become entitled to payment of benefits under the Program, but only if I remain employed by FVSU continuously through my retirement date and satisfy such other conditions for the payment of benefits as may be required under the Program. FVSU may reject my application if I do not meet the Program's eligibility requirements, if my application is not complete, and/or funding for this Program has been exhausted.

Signature and Date _____

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|--|----------------------|
| Office Use Only | |
| Received by HR: _____ Date / Time | |
| Approved: _____ Dean or Vice President | _____ Date |
| Approved: _____ VSP Committee Chair | _____ Date |