Please complete form and submit to Human Resources at hrbenefits@txstate.edu . ***Keep a copy for your records.***

**Withdrawal Period**: Withdrawal form must be submitted and received before **5 p.m. on August 17, 2020** or within 7 calendar days after the date of the submission of voluntary separation agreement, whichever is sooner.

**\*Required Fields:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Last Name: **\*** |  | First Name: **\*** |  | Middle Initial: **\*** |

|  |  |
| --- | --- |
| **TXST ID#: \*** |  |

|  |  |
| --- | --- |
| **Department: \*** |  |

|  |  |
| --- | --- |
| **Title: \*** |  |

|  |  |
| --- | --- |
| **Daytime Telephone Number: \*** |  |

|  |  |
| --- | --- |
| **Email: \*** |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Employee Signature |  | Date |

**HR Office Use only:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received |  | Time Received  |  |
| Received by |  |