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| --- | --- | --- | --- |
| **Name** |  | **College**  |  |
| **Job Title** |  | **Department** |  |
| **TXST ID**  |  | **Phone** |  |
| **Email** |  | **Yrs. at TXST** |  | **Yrs. Other Prof Experience** |  |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have reviewed information on the Texas State University (TXST) 2020 Voluntary Separation Incentive Program (VSIP).

I acknowledge and confirm that:

* I meet the ERS Rule of 80 or my years of professional experience plus age equal at least 80;
* I have not resigned my position prior to the announcement of the TXST VSIP;
* I have not previously retired from a State of Texas retirement program; and
* I am not currently in an early or phased-in retirement plan/agreement.

I understand that:

* all information provided above is subject to verification and may require that I provide additional information if requested;
* knowledge of this NOI may be shared as needed to allow for budget planning;
* the VSIP is unrelated to retirement benefits eligibility and that, if interested in retirement benefits, I am personally responsible for verifying such eligibility;
* submission of this NOI is not a guarantee that I can participate in the VSIP and receive the separation incentive;
* TXST will determine, in TXST’s sole discretion after review of operational, accreditation, and fiscal needs, whether I am approved for participation in the VSIP;
* TXST may close the program at any time;
* upon receipt of notice of approval for VSIP participation, I must execute and return the Agreementat least fourteen (14) calendar days before separation, but no later than August 17, 2020; and
* I may withdraw this NOI between the date this document is executed up to and including seven (7) days after submission of the Agreement, but no later than 5 p.m. on August 24, 2020.

Finally, I understand that, if I am approved for participation in the VSIP, timely sign the Agreement, and do not revoke the Agreement within seven (7) days, I will receive a one-time, lump sum payment totaling fifty percent (50%) of my annual base salary, less appropriate taxes and withholding. The incentive payment will be made on or before October 15, 2020.

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

**HR/FAR Office Use Only:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date Received |  |  | Reviewed By  |  |  | Hire Date |  | Full-Time  | [ ]  Yes [ ]  No |
| Base Salary |  |  | Replacement Cost |  |  | Dept. Headcount |  | % Applicants |  |
| Position # |  |  | Comments |  |

**VSIP Review Use Only:**

|  |  |  |
| --- | --- | --- |
| [ ]  Approved | Date |  |
| [ ]  Denied | Signature |  |