

To: Melissa Proulx, Associate Vice President
From: _____ (Employee name, *please print*)
Date: _____
Subject: Application to participate in the 2023 Potsdam Voluntary Separation Program (“VSP”)

I hereby elect to participate in the 2023 Voluntary Separation Program. I understand that if my request to separate from service is approved by the President and I submit my irrevocable letter of resignation, my employment from the State University of New York at Potsdam will terminate on or before June 30, 2024 (close of business). I further understand that it is my responsibility to hand-deliver this Application Form to Human Resources (Raymond Hall, 2nd) no later than December 1, 2023, 4:30pm signed in blue or black ink.

Employee Signature: _____ **Date:** _____

Anticipated Retirement Date: _____

<u>For HR Use Only</u>		Annual Salary: \$ _____
• Years of Service (as of 6/30/2024)	<input type="checkbox"/> 10 < 25 FT Years	<input type="checkbox"/> 25+ FT Years
• VSP lump-sum payment (_____)		\$ _____
• Vacation payment* (_____ Days) (MC, Prof. & Class.-only)		\$ _____
• Salary withholding (_____ Days) (MC, PEF, & CSEA-only)		\$ _____
Total (lump-sum + vacation + salary withholding):		\$ _____

<u>For HR Use Only</u>
• Sick Leave calculation* (_____ Days) \$ _____ (For health insurance coverage)

<u>President Use Only</u>
<input type="checkbox"/> Approved <input type="checkbox"/> Denied
President: _____ Date: _____

*Calculation based on the date of scheduled HR consultation meeting and accrual balances at the time of HR consultation meeting. Actual values will be calculated with final separation date and final ending accrual balances.