

REQUEST TO PARTICIPATE IN THE VOLUNTARY SEPARATION PROGRAM

I wish to participate in the University of North Texas Voluntary Separation Program (VSP). I understand that this form, along with the completed *Voluntary Separation Agreement and Release of Claims*, must be submitted in order to be considered for participation in the VSP. I further understand that if my request is approved I will:

- Relinquish my tenure or any other right I have to continued employment at UNT;
- End my employment with UNT no later than August 31, 2020;
- Receive consideration in the form of a one-time payment equal to one (1) year of my annual base salary stated in my fiscal year 2020 UNT faculty salary notice, less required withholdings;
- Receive the one-time payment on or before October 15, 2020; and
- Have seven (7) calendar days from the date I sign and date the Voluntary Separation Agreement and Release of Claims to revoke the agreement.

Request Deadline and Requirements. I understand that a fully completed *Request to Participate in the Voluntary Separation Program* form and *Voluntary Separation Agreement and Release of Claims* must be delivered to the Office of the Provost and Vice President for Academic Affairs (Provost’s Office) between May 8, 2020 and June 30, 2020 in order to be considered for participation in the VSP, and that a request submitted after 5:00 p.m. June 30, 2020 will not be considered.

Notice of Approval. I understand that submission of this request does not guarantee approval and that I will be informed whether my request is approved on or before July 15, 2020.

Revocation and Withdrawal of Request. I understand that I have seven (7) calendar days from the date a signed and dated *Voluntary Separation Agreement and Release of Claims* is delivered to the Provost’s Office to revoke the agreement, in writing. I further understand that revocation must be signed, dated, and delivered or emailed to the Office of the Provost no later than 8:00 a.m. the first business day following the seven-day period, and, that submission of a notice of revocation constitutes automatic withdrawal of my request to participate in the VSP.

Personal Information *(All fields are required)*

Name: _____

Empl ID: _____

Department: _____

Job Title: _____

Proposed Separation Date if other than August 31, 2020: _____

Preferred Phone Number: _____ Preferred E-Mail Address*: _____

**To be used on all future correspondence related to this program.*

Signature

Date