University of Massachusetts Lowell

Staff

**Voluntary Separation Incentive Plan**

**Application Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby notify the University of Massachusetts Lowell of my intent to resign from my position as\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as specified in the attached Notice of Resignation Form.

By this form, I am indicating my interest in participating in the University of Massachusetts Lowell staff Voluntary Separation Incentive Plan (VSIP) and submitting my irrevocable decision to resign from the University and relinquish my position as of the effective date of my proposed resignation under this Plan.

I understand that, by this application, I will receive notice of the Incentive Benefit amount and all other payments for which I may be due from the University in accordance with the terms of this Plan. In addition, I understand and acknowledge that my participation in the VSIP is conditional on my entering into an agreement and general release as prescribed by the University.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature) (Date)

Please send this Application Form and attached Notice of Intent to Resign Form by US Mail with an electronic copy to:

Kim Casey, Director, Compensation & Benefits

Human Resources/Equal Opportunity & Outreach

University of Massachusetts Lowell

Wannalancit Mills

600 Suffolk Street, Suite 301

Lowell, MA 01854

Email: Kim\_Casey@uml.edu

UML-staff VSIP/2020

**NOTICE OF INTENT TO RESIGN**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kim Casey

Human Resources/Equal Opportunity & Outreach

University of Massachusetts Lowell

Wannalancit Mills

600 Suffolk Street, Suite 301

Lowell, MA 01854

Dear Kim:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby inform my employer, the University of Massachusetts Lowell that I am resigning from my position effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My resignation is pursuant to my participation in the University of Massachusetts Lowell staff Voluntary Separation Incentive Plan.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature) (Date)

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 (Street) (City) (State) (Zip)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Phone #) Job Title/Department