



Attachment 4
**TENNESSEE STATE UNIVERSITY
VOLUNTARY EMPLOYEE SEPARATION PLAN**

WAIVER AND RELEASE AGREEMENT REVOCATION REQUEST

I, _____, do hereby withdraw my Waiver and Release Agreement that I previously submitted. I understand that by revoking this agreement, (i) I shall not receive the VESP Benefits, and (ii) I shall nonetheless separate from employment with Tennessee State University as of my Voluntary Separation Date.

Print Name

T-Number

Job Title

Department Name

Signature

Date