



## VOLUNTARY EMPLOYEE SEPARATION PLAN

### APPLICATION

I wish to apply for the Voluntary Employee Separation Program (VESP). In submitting my application, I agree to and acknowledge the following terms and conditions associated with the VESP:

- Application Submission. This application must be delivered, emailed to the VESP Administrator, or mailed via regular or express mail, or private courier, and received by the VESP Administrator at the address below by 4:30 p.m. Central time, **July 31, 2020, for employees, and September 15, 2020, for faculty.**
- Acknowledgment of Terms and Conditions. I acknowledge that in addition to the terms and conditions contained in this application, the complete terms and conditions of the VESP are set forth in the VESP plan document.
- Revocation of Application. I understand that I may revoke my signed application by notifying the VESP Administrator in writing, on or before **August 31, 2020, for employees, and October 15, 2020, for faculty.** The revocation letter must be delivered by 4:30 p.m. Central time on said dates. I acknowledge that if I revoke my application, I shall not be entitled to any severance pay or benefits. I further acknowledge that I may not revoke my application after the revocation deadlines set forth in this application, and I will be subject to separation from the University in the event my application is approved.
- Voluntary Participation. I acknowledge and understand that my decision to apply is voluntary.
- Waiver and Release Agreement. I agree that as a condition of my participation in the VESP, in the event my VESP application is approved, I must submit a signed Waiver and Release Agreement to Human Resources by no later than my Voluntary Separation Date. I acknowledge that I will not be eligible to receive severance pay and benefits, if I do not sign the Waiver and Release Agreement, or if I revoke my signed Waiver and Release Agreement. I further acknowledge that if I am approved for the VESP, and I do not sign the Waiver and Release Agreement or I revoke my signed Waiver and Release Agreement, my employment will be terminated on my Voluntary Separation Date, and I will not be entitled to any severance pay or benefits under the VESP.

- Retirement Issues Associated with the VESP. I understand that if I am eligible for retirement benefits under the State's retirement plan and elect to voluntarily terminate my employment before my VESP application is approved, my employment will be terminated even if the University denies my VESP application. I agree and acknowledge that I may contact Human Resources to discuss retirement options in the event that I am approved for the VESP.

Print Employee Name

T- Number

TSU Employment Date

Employee Email Address

Job Title

Department Name

Employee Daytime Phone Number

Employee Cell Number

Date

Employee Signature

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\*Submit the completed application to the following mailing or personal delivery address: Tennessee State University, Department of Human Resources, ATTN: VESP Administrator, 3500 John A. Merritt Blvd, Nashville, TN 37209; or emailed to: [vesp@tnstate.edu](mailto:vesp@tnstate.edu). **Applications received by fax and campus mail will not be accepted.**