



Voluntary Separation Incentive Program Application

I wish to apply for participation in the Voluntary Separation Incentive Program. I understand that the College must approve my participation in this program. If I am approved, the date on which I terminate my employment will be effective at the conclusion of the leave period as identified below.

Employee Name:	Job Title:
Department:	

Program

Please describe the assignment that you would complete during the program period of the Title F leave:
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Separation/Leave Period

I will be available to my manager and other key customers during the following times as part of the Title F leave:

Start Date (beginning of business):
End Date (close of business):

*Effective date of termination of employment (beginning of business): _____

Employee Signature:	Date:
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Approvals

Printed Name	Signature
Supervisor:	
Department Head or Dean:	
Provost or Vice President:	

*Employee must also complete the letter of resignation form on page 2 of this application and submit it as part of the application process.

_____ (date)

Christopher C. Dahl, President
SUNY Geneseo
1 College Circle
Erwin Hall
Geneseo, NY 14454

Dear President Dahl:

This is official notification of my intent to resign from my position as _____ at SUNY Geneseo. I understand that this resignation is irrevocable. I am resigning pursuant to Geneseo's Voluntary Separation Incentive Program.

My resignation shall be effective with the beginning of business on _____.

I plan to retire from State service as part of this resignation:

- Yes
- No

Sincerely,

Employee's Name