

California State University Monterey Bay

2024 Voluntary Separation Incentive Program (VSIP)

Application Form

SECTION I – Employee Information (to be completed by employee)

Employee ID	Otter ID	Employee First & Last Name	Separation Date
Employee Email	Employee Phone Number	Employee Unit ID	
Employee Job Title	Employee Department Name	Employee Division Name	
Appropriate Administrator/Manager Name		VP/President Name	

SECTION II – Employee Certification

I acknowledge that I have reviewed and met the following criteria:

- I have received and read the entirety of the 2024 VSIP, understand all requirements regarding eligibility, and certify that I meet all requirements.
- I have read and understand the TERMS AND CONDITIONS.
- I have read the entirety of this APPLICATION and understand all provisions hereto, including that the 2024 VSIP will require me to execute two General Waivers and Releases of all claims.
- I understand that this program does not create an entitlement, and the provisions in the program are subject to change at the discretion of management.
- I understand that my decision to separate and the date chosen for separation in this Application is irrevocable upon signature and submission of the Separation Agreement and Release.
- Upon signature and submission of the Separation Agreement and Release, I understand that I am only eligible to receive 80% of the calculated severance package and that the final 20% is contingent upon the signature and submission of the final Release on my last day of employment.
- I acknowledge that the University reserves the right to accept or deny applications in accordance with the TERMS AND CONDITIONS.
- I understand that participation in the 2024 VSIP is entirely voluntary.
- I certify that the information contained herein is true and correct

Employee Name (Print)	Employee Signature	Date

SECTION III – SIGNATURE REQUIRED – For separation dates on or before June 30, 2024

Appropriate Administrator Name (Print)	Appropriate Administrator Signature	Date

SECTION IV – SIGNATURE REQUIRED – For separation dates after June 30, 2024

Appropriate Administrator Name (Print)	Appropriate Administrator Signature	Date
Comments		
Vice President/President Name	Vice President/President Signature	Date
Comments		

SECTION V – APPLICATION INSTRUCTIONS

To initiate the 2024 VSIP (2024 VSIP) Application process, follow these steps:

1. Complete this application in its entirety, including the Resignation/Separation Form (attached).
 - Any separation date after June 30, 2024, requires the approval and signatures of your appropriate administrator and Division Vice President/President (completion of Section IV).
 2. Send your signed and complete Application and Resignation/Separation Form to vsip@csumb.edu
 - You will receive a confirmation of receipt within one business day.
 3. Applications must be submitted no earlier than February 26, 2024, and no later than 5:00 p.m. on March 27, 2024.
 - Applications will be processed in the order they are received.
 - Applications received after 5:00 p.m. on March 27, 2024, will not be considered.
 - Complete applications will be processed on a first-come, first-served basis in the order in which they were received.
 - There is no guarantee that an application will be processed before the termination of the 2024 VSIP.
- Contact CSUMB benefits@csumb.edu to schedule a retirement advising session if you want to retire.
Review the FAQs and other information on our webpage csumb.edu/hr/vsip



Resignation/Separation Form

In order to facilitate the appropriate final pay and associated benefits, please complete this form and immediately forward (along with any letters of resignation) to Human Resources (HR) at humanresources@csumb.edu. You may also email the form to your respective generalist.

For advice and additional information about the resignation, separation, and clearance process, please **call 3389**.

To complete an **online exit survey**, please go to: <https://goo.gl/forms/3pS8Tua8uljOQPC3>

SECTION I – TO BE COMPLETED BY EMPLOYEE

1. Employee's Legal Name:	2. Employee Type: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> MPP	3. Otter ID:
4. Employee's Last Day:	5. Personal Email	
6. Do you live in Campus Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Forwarding Mailing Address:	8. Forwarding Phone #:

9. Reason(s) for Leaving: (Please use a separate page, if necessary)

If you are retiring*, please indicate your retirement date: _____

*If your resignation is due to retirement, you must initiate the CalPERS retirement application process.
Contact Benefits at ext. 4426 to schedule a retirement advising session.

10. Additional Comments (Optional):

By signing this form, I, the employee, acknowledge my ongoing responsibility for maintaining the security of protected data. I also understand that I must return all items belonging to the university, as outlined in the clearance process. Clearance requirements can be found at: <https://csumb.edu/hr/clearance-process/>.

11. Employee's Signature:	12. Date:
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SECTION II – TO BE COMPLETED BY SUPERVISOR

Supervisor/Director/Dean's Signature Accepting Resignation:	Date Resignation/Separation Notice Accepted:
Supervisor's Name: (Please print)	Supervisor's Extension:
Department:	

SECTION III – TO BE COMPLETED BY HR

HR Representative:	Date Received:	Date Clearance Process Initiated:
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Additional Comments: