



SEATTLE COLLEGES

North • Central • South

Voluntary Separation Incentive Plans Participation Request Form

Date: _____ Classified Exempt (AFT-SPS) Exempt
 SID #: _____ Name (Last, First): _____
 Department: _____ Supervisor: _____
 Phone #: _____ Email: _____
 Preferred Separation Date: _____ Will you be Retiring? Yes No

This form is to notify the Seattle Colleges District VI of my interest and intent to participate in the voluntary separation incentive plans currently offered by the District. I have read and understand the eligibility requirements and the terms of the plan specific to my employment type. This includes the parts of the plan about unemployment, retirement, returning to work, and repayment of incentive payments. I acknowledge and understand that my participation in the plan is entirely voluntary, and that I have made the decision to request to participate in the plan solely on my own free will.

I further understand that if I am formally offered the opportunity to participate in the plan, a final release and separation agreement must be signed by me no later than November 2, 2020 or the effective date of my separation, whichever occurs first. I understand if the signed separation agreement is not returned to the District by this deadline, the District's offer to participate in the voluntary separation incentive plan will be withdrawn and the employee's separation rescinded.

SUBMISSION: Please sign (or indicate signature via email submission) this form and route to your campus Human Resources.

Employee's Signature

Date

HR ONLY:

Years of Service: _____ Incentive Rate: _____
 Annual Base Salary (2020-2021): _____ Incentive Amount: _____
 HR Representative's Signature & Date: _____

APPOINTING AUTHORITY ONLY:

Request Accepted/Declined: Accepted Declined Countered
 Notes/Comments: _____
 Appointing Authority's Signature & Date: _____