

## Voluntary Separation Incentive Program Irrevocable Letter of Resignation - FACULTY

I,

(Employee Name)

**hereby submit my intention to participate in the Voluntary Separation Incentive Program by submission of this irrevocable letter of resignation for the purpose of separation from employment or retirement.**

**Classroom faculty** - I understand that my irrevocable letter of resignation to separate from employment or retirement must be submitted and received by the President AND the Human Resources Officer not later than July 31, 2020, with separation from employment or for retirement not later than August 10, 2020.

**Non-classroom faculty** - I understand that my irrevocable letter of resignation to separate from employment or retirement must be submitted and received by the President AND the Human Resources Officer not later than September 1, 2020. The effective date of the retirement shall be no later than September 28, 2020.

It is my intention to retire/resign my position at SUNY Broome Community College on:

August/September \_\_\_\_\_, 2020, and my last day of work will be August/September \_\_\_\_\_, 2020.  
(circle one) (date) (circle one) (date)

**This offer by the College is made under the following terms and conditions:**

I understand that the College is offering a Voluntary Separation Incentive Program to full-time employees, age 55 or older on regular appointment who have completed ten (10) years or more of full-time continuous service at SUNY Broome Community College/Broome County immediately preceding my separation from service.

The Voluntary Separation Incentive shall be equal to fifty percent (50%) of my annual base salary for the 2019-2020 year of employment and shall be paid in one (1) lump sum to me no later than October 30, 2020.

As an employee participating in the Voluntary Separation Incentive Program, I understand that I will not be entitled nor be eligible to combine this Separation Incentive with any other bargaining unit retirement or separation incentive or retirement or separation incentive offered by the State of New York.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Print Department Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Please submit to: Dr. Kevin E. Drumm President: drop off at Wales Office #107; Interoffice Mail Stop #95, or scan document via email to [drummke@sunybroome.edu](mailto:drummke@sunybroome.edu) AND the Human Resources Officer at #103 Wales Building; Interoffice Mail Stop #38; or scan document to Lynn M. Fedorchak, Human Resources Officer at [hr@sunybroome.edu](mailto:hr@sunybroome.edu).**

**Approval/Disapproval Date: \_\_\_\_\_ President's Signature \_\_\_\_\_**