

The University of North Dakota Staff Voluntary Separation Incentive Program (SVSIP) Application

Please complete this application form and submit to:

UND Human Resources:
Twamley Hall Rm 313
264 Centennial Drive Stop 7127
Grand Forks, ND 58202-7127

Physical Address: Twamley Hall Rm 313
Mailing Address: 264 Centennial Drive Stop 7127
Grand Forks, ND 58202-7127

Email: und.hr.VSI@und.edu
Website: <https://campus.und.edu/human-resources/employees/voluntary-separation.html>

Applications must be emailed, or hand-delivered on or before January 15, 2021. Applications received after 4:30 pm CST on January 15, 2021 will not be considered.

Special Note: This application is subject to North Dakota’s open record law and therefore subject to public review with appropriate request.

Name:		Employee ID:	
Title:		Chair/Dept Head:	
Dept:		School/College:	
Email:		Base Salary:	
Phone:		Supervisor:	

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

- ✓ I am currently a benefited staff member at the University of North Dakota.
- ✓ My age and years of benefited service to the University of North Dakota total 65 or greater.
- ✓ I am not currently in an Early or Phased Retirement Program.
- ✓ I do not have a specific separation date already agreed to prior to the opening of the SVSIP program and have not accepted other employment with another employer.
- ✓ I acknowledge UND’s SVSIP is voluntary and completion of this application is in no way binding upon me or the University. The University reserves the right to accept or deny requests at its discretion.
- ✓ I understand if the University and I mutually agree upon my participation in this program, additional documents will be signed. If I decide I am no longer interested in the Program after submitting this request, I must immediately notify the Associate Vice President of Human Resources & Payroll Services in writing at und.hr.VSI@und.edu.
- ✓ I certify the information provided is true and correct.
- ✓ I acknowledge that I have received and read the SVSIP Program Guidelines

Employee Signature

Date

Office Use Only:

Date Received by Human Resources:

Information Verified By: