

# The University of North Dakota Tenured Faculty Voluntary Separation Incentive Program (TFVSIP) Application

Please complete this application form and the **Page 2 Information Sheet** and submit to:

**UND Human Resources:**  
Twamley Hall Rm 313  
264 Centennial Drive Stop 8010  
Grand Forks, ND 58202-8010  
[und.hr.VSI@und.edu](mailto:und.hr.VSI@und.edu)  
<http://und.edu/finance-operations/human-resources-payroll/tfvsip-page.cfm>

**Physical Address:** Twamley Hall Rm 313  
**Mailing Address:** 264 Centennial Drive Stop 8010  
Grand Forks, ND 58202-8010  
**Email:** [und.hr.VSI@und.edu](mailto:und.hr.VSI@und.edu)  
**Website:** <http://und.edu/finance-operations/human-resources-payroll/tfvsip-page.cfm>

Applications must be emailed or hand-delivered to UND Human Resources, Twamley 313 by January 15, 2021 at 4:30pm. 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.

<b>Name:</b>		<b>Employee ID:</b>	
<b>Title:</b>		<b>Chairperson:</b>	
<b>Dept:</b>		<b>School/College:</b>	
<b>Subfield:</b>		<b>Base Salary:</b>	
<b>Phone:</b>		<b>Email:</b>	

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

- ✓ I am currently a tenured faculty member at the University of North Dakota.
- ✓ My age and years of benefited service to NDUS institutions 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 in writing prior to the opening of the TFVSIP program and have not accepted other employment in a tenured or tenure-track position at another institution of higher education.
- ✓ I acknowledge UND’s TFVSIP 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 Human Resources Office in writing. [und.hr.VSI@und.edu](mailto:und.hr.VSI@und.edu)
- ✓ I certify the information on the Additional Information sheet is true and correct.
- ✓ I acknowledge that I have received and read the TFVSIP Program Guidelines

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Office Use Only:

Date Received by Human Resources:

Information Verified By:

(You may attach a copy of your Page 2 from your contract(s), if it provides the requested information.)

<b>Name/Empl ID:</b>	
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**Courses Taught Summer 2020 (include Continuing Education classes):**

<b>Course #</b>	<b>Course Title</b>	<b>Credits</b>

**Courses Taught Fall 2020 (include Continuing Education classes):**

<b>Course #</b>	<b>Course Title</b>	<b>Credits</b>

**Courses Taught Spring 2021 (include Continuing Education classes):**

<b>Course #</b>	<b>Course Title</b>	<b>Credits</b>

**Other Research or Service Performed Summer 2020-Spring 2021:**

<b>From/To Dates</b>	<b>Description of Activity</b>	<b>%FTE</b>

**Signature**

**Date**

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