



**To:** Acting President, Dr. Mary Bonderoff.  
**From:** \_\_\_\_\_ (Employee name, *please print*)  
**Date:** \_\_\_\_\_  
**Subject:** Application to participate in the 2024 Delhi Voluntary Separation Program (“DVSP”)

I hereby elect to participate in the 2024 Delhi Voluntary Separation Program. I understand that if my request to resign is approved by the Acting President and I submit my irrevocable letter of resignation from the State University of New York at Delhi, my employment will terminate on or before June 28, 2024 (close of business). I further understand that it is my responsibility to hand-deliver this Application Form to Human Resources (Bush Hall, Room 103) no later than May 10, 2024, and that I have until May 31, 2024, to make an irrevocable election regarding my participation in this program.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Anticipated Retirement Date:** \_\_\_\_\_

<b><u>For HR Use Only</u></b>	Annual Salary: \$ _____
<ul style="list-style-type: none"><li>Years of Full-time NYS Service (as of 1/1/2024) <input type="checkbox"/> <math>\geq 10</math> Years <input type="checkbox"/> <math>\geq 15</math> Years <input type="checkbox"/> <math>\geq 25</math> Years</li><li>DVSP lump-sum payment paid by CADI ( _____ %) \$ _____</li><li>Vacation payment* ( _____ Days) (MC, Prof. &amp; Class.-only)</li><li>Salary withholding* ( _____ Days) (MC, PEF, &amp; CSEA-only)</li></ul>	
<b>*Vacation + salary withholding (if any) paid through state payroll</b>	

<b><u>For HR Use Only</u></b>
<ul style="list-style-type: none"><li>Sick Leave calculation* ( _____ Days)</li><li>Estimated Sick Leave Credit \$ _____ (For health insurance coverage)</li></ul>

<b><u>For Acting President Use Only</u></b>
<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<b>Acting President:</b> _____ <b>Date:</b> _____

\*Calculation based on date submitted. Actual value may change.