



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 **August 31, 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 31, 2024**, and that I have until **June 14, 2024**, to make an irrevocable election regarding my participation in this program.

Employee Signature: _____ **Date:** _____

Anticipated Retirement Date: _____

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Annual Salary: \$ _____

- Years of Full-time NYS Service (as of **8/31/2024**) ☐ ≥10 Years ☐ ≥15 Years ☐ ≥25 Years
- DVSP lump-sum payment paid by CADI (_____ %) \$ _____
- Vacation payment* (_____ Days)
(MC, Prof. & Class.-only)
- Salary withholding* (_____ Days)
(MC, PEF, & CSEA-only)

***Vacation + salary withholding (if any) paid through state payroll**

For HR Use Only

- Sick Leave calculation* (_____ Days)
- Estimated Sick Leave Credit \$ _____ (For health insurance coverage)

For Acting President Use Only

☐ Approved ☐ Denied

Acting President: _____ **Date:** _____

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