

**Voluntary Separation Incentive Program
(VSIP) Withdrawal Form**

This form may be submitted online at **any time PRIOR to executing a VSIP Notice of Retirement**
If you need assistance completing this form, please email benefits@ksu.edu or call 785-532-6277

**I hereby withdraw my application for consideration for Kansas State University,
College of Arts & Sciences Voluntary Separation Incentive Program for Retirement
(VSIP).**

Personal Information			
Full Name:			
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Home Address:			
	<i>Street Address</i>		<i>Apt./Unit #</i>
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Employee ID:		Job Title:	
Department / Unit:		Supervisor:	
Work Email:		Work Phone: ()	

By submitting this form, I understand that I will no longer be considered for approval in the VSIP unless I reapply within the application period.

I further understand that I will not be eligible for any payment or other consideration available in the VSIP.

Employee Signature

Date