

# UCOP—VOLUNTARY SEPARATION PROGRAM ELECTION FORM

(12/07) University of California Human Resources and Benefits

## Instructions to Department Administrators

Department Administrators should send this completed form to Michael Waldman no later than January 31, 2008 with a copy to the department and division head (Hume, Lapp, Darling, Dynes).

The University of California is pleased to offer the University of California Office of the President Voluntary Separation Program ("Voluntary Separation Program") to eligible employees as an opportunity to voluntarily terminate employment in the Office of the President and receive severance pay. The severance pay will be in exchange for signing a release of any claims against the University of California.

You must complete and **submit this election form by January 31, 2008** in order to participate in the Voluntary Separation Program and receive severance pay once you meet the requirements of the program. Before completing this form, please read the Voluntary Separation Program Plan Document and the other materials related to the Voluntary Separation Program that have been provided to inform you about the details of the Voluntary Separation Program.

PERSONAL INFORMATION	
NAME (Last, First, Middle Initial)	DATE OF BIRTH
ADDRESS (Number, Street, City, State, ZIP)	HOME PHONE (       )
DEPARTMENT	EMPLOYEE I.D. NUMBER
JOB TITLE	OFFICE PHONE (       )

### Your Division

- Academic Affairs (includes health sciences, agriculture and natural resources)  
 Business/Operations (includes finance and budget offices)  
 President's Immediate Office  
 University Affairs (includes Laboratory Management)

### Salary Program

- PSS             Non-Senate Academics             UPTE  
 MSP             AFSCME                                 CUE

Salary: Annual \$ \_\_\_\_\_ or Hourly \$ \_\_\_\_\_

- Full-time     Part-time \_\_\_\_\_ %

## SEPARATION DATE AND SEVERANCE CALCULATION

### Select Your Separation Date

- February 29, 2008  
 March 31, 2008  
 April 30, 2008  
 May 30, 2008  
 June 27, 2008\*  
 June 30, 2008  
 Other date between January 15 and June 30, 2008 agreed upon between you and your supervisor. Date: \_\_\_\_\_

\* June 27 is the separation date for those employees considering a July 1, 2008 retirement so that their HAPC will be adjusted if a 2008 Cost-of-Living Adjustment (COLA) is approved.

### TO BE COMPLETED BY DEPARTMENT ADMINISTRATOR (DA)

(See guidelines for service and severance calculations:  
[hrop.ucop.edu/vsp/welcome.html](http://hrop.ucop.edu/vsp/welcome.html))

FULL YEARS OF SERVICE AS OF SEPARATION DATE

MONTHS/WEEKS OF SEVERANCE PAY AS OF SEPARATION DATE

TOTAL SEVERANCE PAY (rounded to nearest dollar)

DA SIGNATURE

## SIGNATURE

By signing this form, I agree to terminate my employment on the date selected above and understand that I have to sign the release of claims that will be provided to me in order to receive any severance pay under the terms of the Voluntary Separation Program. I understand that I can change my mind within the designated time periods.

EMPLOYEE	DATE
SUPERVISOR	DATE

H.R. Initial and Date \_\_\_\_\_

**SEE REVERSE FOR PRIVACY NOTIFICATIONS**

## PRIVACY NOTIFICATIONS

### STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Associate Vice President—University of California Human Resources and Benefits, 1111 Franklin Street, Oakland, CA 94607-5200.

### FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article 1X, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011.6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.