

Voluntary Separation Incentive Program (VSIP)
Enrollment Form

I, _____, hereby notify the University of
Massachusetts Amherst (the “University” or “UMass Amherst”) of my intent to resign
from employment with UMass Amherst effective _____, as specified in
the attached Notification of Resignation. In submitting this form, I understand that I am
enrolling in the VSIP and submitting my irrevocable decision to resign from the
University and relinquish my position as of the effective date of my proposed resignation.
I understand and acknowledge that my resignation date is subject to University approval
as described in the terms of the VSIP. In addition, I understand and acknowledge that my
participation in the VSIP is conditional on my entering into a separation agreement and
general release as prescribed by the University.

_____, 2020
Signature

Print Name

Please submit completed Enrollment Forms and Notifications of Resignation **no later than June 12, 2020** to:

Hard Copy
Human Resources
University of Massachusetts Amherst
325 Whitmore Building
181 Presidents Drive
Amherst, MA 01003

or

Email
askHR@umass.edu