## APPLICATION FOR VOLUNTARY SEPARATION INCENTIVE PAY UNDER VSIP PHASE II

PRIVACY ACT STATEMENT					
AUTHORITY: 5 U.S.C. 9902(i), DoDD 1400.25, DoD 1400.25-M, Subchapter 1702, "Voluntary Separation Programs".					
<b>PRINCIPAL PURPOSE(S):</b> This form serve VSIP Phase II. This application specifies ho Phase II.					
ROUTINE USE(S): None.					
DISCLOSURE: Voluntary; however, failure	to provide required info	rmation may result in	denial of	the application for VSIP.	
1. NAME (Last, First, Middle Initial)			2. SSN	2. SSN	
3. ORGANIZATION			4. DUTY TELEPHONE NUMBER (Include Area Code)		
5. JOB TITLE		6. SERIES		7. GRADE	
8. I am applying for the Voluntary Separation Incentive Pay (VSIP) Phase II Program under the following option (X one):					
VOLUNTARY EARLY RETIREMENT	OPTIONAL	. RETIREMENT		RESIGNATION	
<b>9.</b> I understand that the Department of Defense has identified surplus employees potentially available for placement into my position. This application authorizes the supporting human resources office to formally offer my position to a surplus employee. If all available surplus employees decline the offer to be placed into my current position, my application shall be considered disapproved.					
When my supporting human resources of Phase II application shall be approved. Then incentive equal to the lesser of: (1) \$25,000, understand that once approved, I may not with the control of the contro	n, I shall be committed or (2) the amount that	to voluntary separatio	on and sha	all be entitled to receive a cash	
I also understand that if the number of VSIP applicants in my skill exceeds the number of surplus employees accepting job offers, incentive applications shall be approved in order of each applicant's Leave Service Computation Date.					
I understand that by accepting separation employment in nonappropriated fund instrum for 5 years after my separation unless I repay that a DoD employee who receives a buyout period and is prohibited from registering in the	nentalities or with an ag y the full amount of my may not be employed	ency of the United Sta separation pay (befor by the Department of	ates throu re taxes a	igh a personal services contract and deductions). I also understand	
a. EMPLOYEE SIGNATURE			b. DAT	b. DATE (YYYYMMDD)	
10. HUMAN RESOURCES OFFICE USE ONLY					
a. LEAVE SCD (YYYYMMDD)	b. DATE APPLICATION (YYYYMMDD)	I APPROVED		E APPLICANT NOTIFIED OF ROVAL (YYYYMMDD)	