## CASE WESTERN RESERVE UNIVERSITY 2020 VOLUNTARY RETIREMENT INCENTIVE PROGRAM APPLICATION

Employee name			Empl ID	
Title				
Home address				
	street	city	state	ZIP code
Forwarding address				
Off	street	city	state	
Off-campus phone		Can	ipus phone	
Original hire date				
Supervisor name			Campus phone	
Department				
Not interested in the	e Voluntary Retiren	nent Incentive Plan	at this time □	

By signing below, I confirm that I am electing to voluntarily terminate my employment with Case Western Reserve University (the "university" or "CWRU") in return for benefits under the University's Voluntary Retirement Incentive Program ("Program" or "VRIP"). I understand that under the Program, the university will consider individual election requests, and that no individual (including me) is entitled to have his or her application granted.

I confirm that I am electing to terminate my employment voluntarily and without coercion of any kind. I understand that if my application is accepted, my last day of work will be July 31, 2020, and my employment with the university will be terminated as of August 1, 2020.

If my application is accepted, I will be eligible for the applicable benefits described in the Program as long as I work through my termination date, I sign and return (and do not revoke) a Voluntary



	eement and Release of Claims as required by am requirements.	the Program, and I satisfy all		
that I have vo	document and have sufficient information regardi luntarily elected to terminate my employment, cepted, my university employment will be terminate	and I understand that if my		
Date Signed	Employee Signature	Print Name		
Deliver this executed Application Form to Human Resources HR Service Center in person or via email to <a href="mailto:AskHR@case.edu">AskHR@case.edu</a> or via fax to 216-368-4678 by 5:00 p.m. on or before July 24, 2020.				
	Human Resources Section Below			
Date Received b	y HR Service Center:			