Prescribed by: DoD 1400.25-M

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

PRIVACY ACT STATEMENT

THITAGIA	OI OIAI LINEILI			
AUTHORITY: 5 U.S.C. 9902(i), DoDD 1400.25, DoD 1400.25-M,	Subchapter 1702, "\	/oluntary Separa	ition Programs".	
PRINCIPAL PURPOSE(S): This form serves as a DoD employee Phase II. This application specifies how the employee would separate.				
ROUTINE USE(S): None.				
DISCLOSURE: Voluntary; however, failure to provide required in	formation 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) P VOLUNTARY EARLY RETIREMENT OPTIONAL RET	-		cion (X one):	
9. I understand that the Department of Defense has identified sur This application authorizes the supporting human resources office If all available surplus employees decline the offer to be placed in disapproved.	e to formally offer my	position to a su	rplus employee.	
When my supporting human resources office is advised that a Phase II application shall be approved. Then, I shall be committe incentive equal to the lesser of: (1) \$25,000, or (2) the amount the understand that once approved, I may not withdraw my application	d to voluntary separa at I would receive und	ition and shall be	entitled to receive a cash	
I also understand that if the number of VSIP applicants in my s incentive applications shall be approved in order of each applicar				
I understand that by accepting separation pay, I may not be re				

employment in nonappropriated fund instrumentalities or with an agency of the United States through a personal services contract for 5 years after my separation unless I repay the full amount of my separation pay (before taxes and deductions). I also understand that a DoD employee who receives a buyout may not be employed by the Department of Defense in any capacity for a 12-month period and is

pronibited from registering in the DoD Priority	Placement Program.	
a. EMPLOYEE SIGNATURE		b. DATE (YYYYMMDD)
10. HUMAN RESOURCES OFFICE USE ONLY		·
a. LEAVE SCD (YYYYMMDD)	b. DATE APPLICATION APPROVED (YYYYMMDD)	c. DATE APPLICANT NOTIFIED OF APPROVAL (YYYYMMDD)