



WICHITA STATE
UNIVERSITY

**Wichita State University
Voluntary Separation Incentive Program for Retirement (VSIP)
Notice of Revocation of Separation Agreement with Waiver and Release**

I SUBMITTED AN EXECUTED SEPARATION AGREEMENT WITH WAIVER AND RELEASE (the “AGREEMENT”) ON _____ (date).

I understand that I may revoke the Agreement on or within seven (7) calendar days of the date I signed the Agreement. I understand that by signing and timely submitting this Notice of Revocation of the Agreement, I am automatically withdrawn from participation in the Voluntary Program for Retirement (VSIP). I understand that I will not be returned to employee status, but instead I will be treated as a traditional retiree; I will not receive any Incentive Payment defined in the Agreement; and if I meet [Retirement Eligibility](#) (as defined and further described at www.wichita.edu/services/humanresources/Total_Rewards/Benefits/Retirement/Retirement_Eligibility.php), I will receive any non-VSIP retiree benefits to which I am entitled. I understand that by revoking this Agreement I am still entitled to receive any compensable accrued sick and/or vacation leave payments which I am eligible for and due to me at the time of retirement and that other retirement benefits will be administered in accordance with established University policies, plans, and procedures.

I understand that this Notice of Revocation of the Separation Agreement must be sent to VSIP2020@wichita.edu. Revocations sent by any other delivery method will not be accepted and all revocations must be delivered by email within seven (7) calendar days of the date I signed the Agreement, as outlined above, in order to be effective.

BY SIGNING BELOW, I REVOKE THE AGREEMENT.

Name

Date