



University of Massachusetts Boston Voluntary Separation Incentive Program (VSIP)

Enrollment Form

I, _____, hereby notify the University of Massachusetts Boston (the “University” or “UMass Boston”) of my intent to resign from employment with UMass Boston 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 an agreement and general release as prescribed by the University.

_____, 2019
Signature

Print Name

Please submit completed Enrollment Forms and Notifications of Resignation **no later than August 16, 2019** to:

Hard Copy or
Barbara Jean Conneely
Human Resources
University of Massachusetts Boston
100 Morrissey Boulevard
Boston, MA 02125

Email
benefits@umb.edu

Approved: _____
University of Massachusetts Boston
Human Resources

Date: _____