

Please follow one of these methods to submit your application form:

1. Fill out the form directly on Adobe Sign by [clicking here](#); or
2. Fill out, print, and mail this form to:
Human Resources Department
1 Harpst Street
Arcata, CA 95521

Applications must be submitted using Adobe Sign or mailed on or before July 13, 2020. **Applications received after 11:59pm that day will not be considered.** Complete applications will be processed on a first come, first served basis in the order in which they were received. Submission via Adobe Sign is **highly preferred and recommended** due to reduced office hours and mail operations related to the COVID-19 epidemic. **Mailed applications will be considered received the day they are picked up by Human Resources and not the postmarked date.** There is no guarantee that an application will be processed before termination of the EEP.

Employee Name:		Employee ID:	
Job Title:		Division/Department:	
Appropriate Admin Name		School/College	
Email		Phone	
Intended	Separation Retirement	Intended Date	

Acknowledgement and Signature

I acknowledge that I have reviewed and meet the following criteria:

- I have received and read the entirety of the Early Exit Program, understand all requirements regarding eligibility and certify that I meet all requirements.
- I have read and understand the TERMS AND CONDITIONS
- I have read the entirety of this APPLICATION and understand all provisions hereto, including that the Early Exit Program will require me to execute a General Waiver and Release of all claims.
- I understand that this program does not create an entitlement and the provisions in the program are subject to change at the discretion of management.
- I understand that my decision to separate and the date chosen for separation in this Application is irrevocable upon signature and submission of the Separation Agreement and Release.
- I understand that, upon signature and submission of the Separation Agreement and Release, that I am only eligible to receive 80% of the calculated severance package and that the final 20% is contingent upon signature and submission of the final Release on my last day of employment.
- I acknowledge that the University reserves the right to accept or deny applications in accordance with the TERMS AND CONDITIONS
- I understand that participation in the EEP is completely voluntary.
- You are advised to speak with an Attorney before signing this form.
- I certify that the information contained herein is true and correct.

Employee Name	Employee Signature	Date
Appropriate Administrator Name	Appropriate Administrator Signature	Date