



Voluntary Separation Incentive Program (VSIP) Application, Waiver and Release

I am interested in being considered for the Voluntary Separation Incentive Program.

Employee Name: _____ Department/Division: _____

Job Title: _____ Work Phone Extension: _____

Date of Birth: _____ Years of FRS Service: _____

Are you currently in DROP? Yes ___ No ___ If yes, what month/year do you exit? _____

Option Selected:

- 1. Medical insurance coverage for a period of three years depending on current coverage. Pasco County covers the employee portion of the cost. The employee is responsible to continue paying the balance if they currently have spouse, children or family coverage.
OR
- 2. A cash lump sum payment of \$5,000.00 in lieu of insurance coverage.

If I am approved for this program, I prefer that my last working day with the County be (date must be no later than October 16, 2009): _____

This Application, Waiver and Release sets forth the agreement between the above named Applicant and the Pasco County Board of County Commissioners with respect to all matters that pertain to the Applicant's employment and separation from employment.

1. Voluntary General Waiver and Release. I agree that the consideration set forth above which is in addition to anything of value to which I am otherwise entitled, shall constitute a complete and final waiver and release of any and all causes of actions or claims I have had, now have or may have up to the date of this agreement including, without limitation, those arising out of or in connection with my employment with the County pursuant to any federal, state, or local employment laws, statutes, public policies, orders or regulations, including without limitation, the Age Discrimination in Employment Act (ADEA), as amended with the Older Workers Benefit Protection Act (OWBPA), Title VII of the Civil Rights Act, and the Americans with Disabilities Act (ADA).
2. I have voluntarily applied for the VSIP and have not been coerced to apply.
3. I understand that under the Age Discrimination in Employment Act (ADEA), I have seven (7) calendar days after submitting this application to revoke this request in writing.
4. I understand the County in its sole discretion may approve, or deny my application based upon the strategic, financial and organizational needs of the Department in which I am assigned and that of Pasco County Board of County Commissioners as a whole.
5. I understand that if the County Administrator makes a counter offer consisting of medical coverage for a shorter length of time or a smaller lump sum payment, I may revoke this request within seven (7) days of the counter offer.
6. I have read and understand the Fact Sheet and FAQ's approved by the Board of County Commissioners. I have a good faith belief that I am eligible to participate in the VSIP.

