

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health Bethesda, Maryland 20892

ATTACHMENT III

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TO:	Deputy Director Office of Human Resources
THRU:	(Name of IC Executive Officer)
FROM:	(Employee Name), (Official Title, Pay Plan, Series & Grade)
SUBJECT:	Voluntary Separation Incentive Payments (VSIP) Request(s) and/or Voluntary Early Retirement Authority (VERA)

This is to request approval to receive the Voluntary Separation Incentive Payment (VSIP) and, if appropriate, to retire under the current Voluntary Early Retirement Authority. I understand that to receive the VSIP, I must voluntarily separate from Federal service. If approved, I will separate effective ______ (date not later than April 3, 2004). My separation will

be:
Voluntary Resignation
Optional Retirement
Voluntary Early Retirement

Employee Signature

TO BE COMPLETED BY IC EXECUTIVE OFFICER

Initiative (check the one that applies): \Box A-76/Competitive Sourcing or \Box Administrative Restructuring

IC Executive Officer's concurrence of eligibility*:

 \square Concur \square Non-concur

EO Signature IC _____

(*Send to the Office of Human Resources, attention Christine M. Steyer, Bldg. 1, Room B161)

TO BE COMPLETED BY OFFICE OF HUMAN RESOURCES

 \square Concur \square Non-concur

HR Representative's Signature _____ Date _____