

# Voluntary Separation Offer Application Form

Full-Time Faculty and Faculty Department Chairs  
Huizenga College of Business & Entrepreneurship

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Please return this completed VSO Application Form & completed Beneficiary Designation Form to:

NSU Office of Human Resources, East Campus, 2<sup>nd</sup> Floor  
3100 SW 9<sup>th</sup> Ave, Ft. Lauderdale, FL 33315-3025

Attn: Jennifer Barrett - Email: [barrettj@nova.edu](mailto:barrettj@nova.edu) Fax: (954) 262-3729

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I request to participate in the Nova Southeastern University (NSU) Voluntary Separation Offer (VSO) for full-time faculty members and faculty department chairs of the Huizenga College of Business and Entrepreneurship. I am making a voluntary request to participate in this exit incentive program with the understanding that receipt of financial incentives under the VSO is conditioned upon my separation from employment with the University and my execution of a valid binding separation agreement including a release of claims. I further understand that my eligibility is contingent upon a review of my NSU employment status to determine that I fully satisfy the VSO eligibility criteria. I have read the Program Description provided to me, and I have had the sufficient opportunity to receive information from NSU about the VSO and have my questions answered. I understand that not all applicants for the VSO may be approved. If I am approved for the VSO, I understand that my employment with NSU will end on June 30, 2018. I agree to timely execute the Separation Agreement not before May 29, 2018 and not later than June 1, 2018 as an express condition of my participation in the VSO and as a pre-condition to receipt of VSO benefits. I understand the VSO program provisions and wish to submit my application.

NAME: \_\_\_\_\_ NSU ID: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

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For OHR USE ONLY -- Date of receipt: _____
Recommended by Dean: _____ Date: _____
Approved by Provost: _____ Date: _____
Approved by President: _____ Date: _____