



**THE UNIVERSITY OF DELAWARE**  
**STAFF AND ADMINISTRATION VOLUNTARY RETIREMENT PROGRAM**  
**ELECTION FORM**

I understand that I am eligible to elect to voluntarily retire from employment with the University of Delaware (“University”), under the provisions of the University of Delaware Staff and Administration Voluntary Retirement Program (“Program”).

I have also been provided with information regarding the payment to which I will be entitled under the Program, and a [“SAMPLE” Confidential Retirement Agreement and General Release](#), as well as information detailing the ages and positions held by those University staff and administration employees who are eligible to elect participation in the Program.

In making this voluntary election to retire from employment with the University, I hereby acknowledge my understanding of the following:

- My election to voluntarily retire from employment must be made and returned to the University no later than **October 5, 2020**, by submitting through this electronic form or providing a signed copy of the election form attached hereto to the Office of Human Resources, 413 Academy Street.
- The University will decide whether to accept my election no later than **October 9, 2020**.
- If I sign this election to voluntarily terminate employment, and my election is accepted by the University without change, my employment with the University will end on **November 13, 2020** (“Separation Date”) and I will retire from the University effective **November 14, 2020** (“Retirement Date”).
- My election to voluntarily retire from employment will become irrevocable on **November 13, 2020**, at 12:01 a.m.
- If I sign and submit this election, the University, in its sole and absolute discretion, may decide not to accept my election, depending upon the operational needs of my unit, as determined by University leadership.
- On September 24, 2020, I received a “SAMPLE” Confidential Retirement Agreement and General Release (“Agreement”). If my election to voluntary retire

from employment is accepted by the University, I will be provided with my individualized Agreement (“My Agreement”), which shall be in substantially the same form as the Agreement. I have been advised that I have at least forty-five (45) days between my receipt of the Agreement on September 24, 2020, and the Separation Date to consult with an attorney of my choice and review, consider, and sign My Agreement (“Consideration Period”).

- I will be required to execute and return My Agreement to the University on the Separation Date, in order for me to receive the Incentive Payment (as defined in the Program Description and Notice of Eligibility) under the Program.
- If I fail to sign and return My Agreement on the Separation Date, I will not be eligible to participate in the Program or receive the Incentive Payment, but my employment with the University will still terminate.
- I will have seven (7) days after signing My Agreement during which I may revoke My Agreement (the “Revocation Period”).
- If I sign and return My Agreement, but I revoke My Agreement during the Revocation Period, I will not receive the Incentive Payment under the Program, but my employment with the University will still terminate.
- Once I sign and return My Agreement and the Revocation Period expires, I will be entitled to receive the Incentive Payment under the Program.
- I UNDERSTAND AND AGREE THAT THIS ELECTION FORM MUST BE TIMELY EXECUTED AND RETURNED TO THE UNIVERSITY IN ORDER FOR ME TO MAKE A VALID VOLUNTARY ELECTION TO RETIRE FROM EMPLOYMENT UNDER THE TERMS OF THE PROGRAM. ANY OTHER ELECTION FORM THAT I MAY HAVE RECEIVED OR MAY HAVE ALREADY SIGNED AND SUBMITTED IS DEEMED NULL AND VOID AND OF NO FURTHER EFFECT.

## Acknowledgement

- I elect to retire from employment with the University, effective **November 14, 2020**, in accordance with the terms and conditions of the University of Delaware Staff and Administration Voluntary Retirement Program (“Program”).
  
- I decline to participate in the Program.