

VOLUNTARY EARLY SEPARATION INCENTIVE PROGRAM ("VESIP") APPLICATION

EMPLOYEE'S NAME (please print)	DEPARTMENT/DIVISION	
EMPLOYEE'S WORK PHONE NUMBER	JOB TITLE	
SUPERVISOR'S NAME	SUPERVISOR'S PHONE NUMBER	
Commissioners (MCBOCC). I have reviewed the that I have been or will be classified as a full-time 2020. My decision to apply for acceptance into t accepted into the program, my decision is binding	Program ("VESIP") offered by the Martin County Board of County eligibility requirements for acceptance to this program, and I cee employee for at least six (6) years, and one (1) day as of October the VESIP is voluntary and is not coerced. I understand that once g, subject to all applicable laws and regulations.	ertify er 2, e
Signature (Sign in ink)	Date Signed	
SUBMIT COMPLETED FORM TO THE HUMAN RESOUR	RCES DIVISION NO LATER THAN 5:00 PM, MONDAY, SEPTEMBER 14, 2	<u>2</u> 020
	FOR OFFICIAL USE ONLY	
Approved		
Signature	 Date	
Title		
Actual Amount of Eligible Full Time Service with N	MCBOCC =# of Years	
Years of Service verified by HR Division		
Approximate Payout*		

^{*}does not include applicable taxes