

Severance Program Agreement

For Unclassified Employees

Pursuant to Office of Human Resources Policy 2.40

SECTION 1

This severance program agreement is hereby entered into by _____, an unclassified employee of The Ohio State University, in order to receive the severance program pursuant to Policy 2.40 of The Office of Human Resources Policy and Procedure Manual.

I understand that electing to participate in this Staff Severance Program in no way disqualifies me from future employment with The Ohio State University. My decision to participate in Policy 2.40 is my knowing, voluntary and informed decision.

As to my current employment, I understand the following:

- Due to a reduction in work force (RIF), my job will effectively end on: _____ (Effective date of abolishment noted in the original RIF form).
- My manager and I have discussed the severance program schedule, as required under Policy 2.40.
- *(Insert if the employee will receive pay beyond the original abolishment date)* I recognize that due to my years of service, my severance benefits extend to _____. Although this date is beyond the original abolishment date, I understand that my position is abolished as of the original abolishment date.
- As of the date of this notification, my working notice and severance pay schedule will be as follows:

Total Severance Period (per Policy 2.40 and as of date of this notification is): _____ (weeks)

Working Notice Period: _____ (weeks)

(dates)
Not to exceed 2/3 of total severance period

Severance Pay Period: _____ (weeks)

(dates)

SECTION 2

- During the working notice period and severance pay period, I will receive the same rate of pay as prior to the reduction of my position, minus applicable withholdings.
- I further agree and understand that it is my responsibility to inform either my manager or the Office of Human Resources, in writing, if I accept an offer of employment, whether it be internal to the university or external, or if I begin receiving OPERS/STRS benefits during the Severance Period.
- I understand that upon accepting new employment or retirement benefits, my severance period, under Policy 2.40, will cease.

Signed this _____ day of _____, 20_____.

Signature of Employee

Signature of Manager

Employee's Name (printed)

Manager's Name (printed)

Retain the original at the unit in the employee's personnel file.
Return a copy to Office of Human Resources, Employee and Labor Relations.