

# Severance Program Agreement

## For Classified Civil Service Employees

Pursuant to Office of Human Resources Policy 2.40

### SECTION 1

This severance program agreement is hereby entered into by \_\_\_\_\_, a classified civil service 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 acknowledge that I have been given written notice of my rights to exercise authorized displacement rights from the Office of Human Resources under the university's classified civil service rules and procedures. I voluntarily elect to forgo the exercise of those rights, including any appeal rights, and choose to participate in the benefits of Policy 2.40. 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 forgo exercising my rights to displacement and recall and to participate in Policy 2.40 is my knowing, voluntary and informed decision.

As to my current employment, which is scheduled to end on \_\_\_\_\_ (date) due to reduction in work force, my manager and I have discussed the following severance program schedule, as required under Policy 2.40. Specifically, my working notice and severance pay schedule will be as follows:

**Total Severance Period (per Policy 2.40):** \_\_\_\_\_ (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 a copy at the unit in the employee's personnel file.**  
Return original to Office of Human Resources, Employee and Labor Relations.