VOLUNTARY SEPARATION INCENTIVE PAY AGREEMENT
BI-WEEKLY INSTALLMENT PAYMENT

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 9902(i), DoDD 1400.25, DoD 1400.25-M, Subchapter 1702, "Voluntary Separation Programs".

PRINCIPAL PURPOSE(S): This form serves as an agreement between a DoD employee and the Department of Defense when Voluntary Separation Incentive Pay (VSIP) has been approved. The agreement certifies the employee has been counseled and freely agrees to and fully understands the conditions and terms of the VSIP.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide required information may result in denial of the VSIP.

1. Title 5, United States Code §9902(i) authorizes the Secretary of Defense to establish a program to pay a Voluntary Separation Incentive Payment (VSIP) or buyout to eligible employees. This is to certify that my application for the buyout is voluntary and the effective date of my separation shall be _____. I understand that my request for the personnel action and the payment terms are irrevocable.

2. I understand that an employee who receives a buyout, and accepts employment with the Government of the United States (including employment in nonappropriated fund instrumentalities or with an agency of the United States through a personal services contract with the United States) within 5 years after the date of separation on which payment of the buyout is based, shall be required to repay the entire amount of the buyout (before taxes and deductions) to the Federal agency that paid the buyout. I also understand that a DoD employee who receives a buyout is prohibited from registering in the DoD Priority Placement Program and may not be reemployed by the Department of Defense in any capacity for a 12-month period.

a. NAME *(Last, First, Middle Initial)*	**b. SSN**

3.a. TOTAL BUYOUT AMOUNT	**b. PAYMENT TERMS**	**c. INITIALS**
$	Equal bi-weekly payments of $_____ until my buyout is paid in full. Buyout payment must be completed within 1 year.	

4. This is to certify that I have been counseled by the Human Resources Office (HRO) and that I freely agree to and fully understand the conditions and terms of the buyout.

a. EMPLOYEE SIGNATURE	**b. DATE** *(YYYYMMDD)*
c. HRO REPRESENTATIVE SIGNATURE	**b. DATE** *(YYYYMMDD)*