



## EARLY EXIT PROGRAM (“EEP”) APPLICATION

To initiate the Early Exit Programs (EEP) Application Process, follow one of these methods to submit your application form:

1. Fill out the form directly on [Adobe Sign](#), or
2. Fill out, print, and forward completed application with appropriate administrator signature to [christine.girardot@csuci.edu](mailto:christine.girardot@csuci.edu) OR  
Fill out, print, and schedule a time to deliver this form to:  
Human Resources Department  
Lindero Hall  
One University Drive  
Camarillo, CA 93012
3. You will receive a confirmation of receipt within 2-3 business days.

Applications for Unit 3 employees must be submitted no later than 11:59pm on **May 4, 2021**. **Applications received after 11:59pm that day will not be considered.** *Complete applications will be processed on a first come, first served basis in the order in which they were received. Submission via Adobe Sign is highly preferred and recommended due to reduced office hours and mail operations related to the COVID-19 pandemic.* There is no guarantee that an application will be processed before termination of the EEP.

### TO BE COMPLETED BY EMPLOYEE:

1. Employee's Legal Name	2. Intended Separation/Retirement Date	3. Employee I.D.
4. Department	5. Classification	6. Working Title
7. Appropriate Administrator Name	8. Division	
9. Email	10. Daytime Phone Number	11. Alternative Phone Number

**Acknowledgement and Signature**

I acknowledge that I have reviewed and meet the following criteria:

- I have received and read the entirety of the Early Exit Program, understand all requirements regarding eligibility and certify that I meet all requirements.
- I have read and understand the TERMS AND CONDITIONS
- I have read the entirety of this APPLICATION and understand all provisions hereto, including that the Early Exit Program will require me to execute a General Waiver and Release of all claims.
- I understand that this program does not create an entitlement and the provisions in the program are subject to change at the discretion of management.
- I understand that my decision to separate and the date chosen for separation in this Application is irrevocable upon signature and submission of the Separation Agreement and Release.
- I understand that, upon signature and submission of the Separation Agreement and Release, that I am only eligible to receive 80% of the calculated severance package and that the final 20% is contingent upon signature and submission of the final Release on my last day of employment.
- I acknowledge that the University reserves the right to accept or deny applications in accordance with the TERMS AND CONDITIONS
- I understand that participation in the EEP is completely voluntary.

*I certify that the information contained herein is true and correct.*

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Campus Approval:

Appropriate Administrator Name:	Administrator Signature:	Date:
Comments:		