

**Voluntary Employee Severance Incentive
(VESI)**

Application Form

Teacher: This form must be completed and submitted to your principal no later than March 15 beginning with the school year 2001-2002.

Name of Teacher _____

School _____

Number of Years of Teaching Experience in the Diocese _____

Current Salary _____

Current Supplemental Salary _____

Total Salary _____

In accordance with the Internal Revenue Code, the Ohio Revised code and various other taxing authorities, all VESI payments are subject to federal, state, city, social security and medicare taxes. The teacher will receive a W-2 each year from the school or parish where the teacher was employed at the time of voluntary resignation.

If VESI is granted pay will be taken over:

_____ 3 years

or

_____ Number of years requested if more than 3 (e.g. 5 yrs., 7 yrs., etc.)

Submitted by: _____
Teacher's Signature Date

Received by: _____
Principal's (H.S.) Signature Date

The teacher is to submit this original to principal.
The teacher should keep a copy for his/her records.

Revised 11/01