

**VOLUNTARY EMPLOYEE SEVERANCE INCENTIVE
(VESI)**

Status Form

Principal: Please complete and return this form to the teacher with the application form attached no later than April 15 beginning with the 2001-2002 school year.

Name of Teacher _____

School _____

Number of Years of Teaching Experience in the Diocese verified

_____yes _____no
(if no, explain)

Current Salary verified _____yes _____no
(if no, explain)

Current Supplemental Salary verified _____yes _____no
(if no, explain)

Total Salary verified _____yes _____no
(if no, explain)

_____ VESI has been approved in the sum of \$ _____ to be paid
over _____ years.

_____ VESI has not been approved. Specify reason: _____

Completed by: _____
Principal's Signature Date

VESI Status Form

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To be completed by teacher if approved.

In the event of my death, the remaining payments are to be paid to

_____ my spouse

_____ my estate

_____ other (specify)

Accepted by: _____

Teacher's Signature

Date

The teacher must return the original of this form, signed, to the principal no later than 5 working days from receipt. The teacher should keep a copy for his/her record. The original remains in the teacher's file at the school. The principal is to send a copy to the Diocesan Department of Education Personnel Office.

Revised 11/01