**4CD 2017 Full-Time Faculty Separation Incentive Program**

**Request to Separate**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am hereby requesting that the Contra Costa Community College District accept my separation effective end of the day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under the terms and conditions of the adopted Separation Incentive Program. My first day of separation will be the day after the date indicated above.

**(Enter Date between 4/4/17 – 6/30/2017)**

**(Print Full Name of Employee)**

I understand the following terms and conditions:

* Notification of the intent to separate under the program by the employee must be received at the District Office on this completed form no later than **4:30 PM on** **Monday April 3, 2017**
* The requested separation (last day of work) date must be any day on or between **April 4, 2017 and June 30, 2017**.
* This request becomes void should the Separation Incentive Program not have a net savings.
* This request is **irrevocable** should the Separation Incentive Program have a net savings and thus go into effect.
* The separation incentive provides $1000 per year of full-time service prorated by FTE, up to a maximum of 20 years of credit.
* I must have at least 5 years of full-time District service to be eligible.
* If the separation Incentive Program is offered, I will not be considered for permanent employment in the District for two years, commencing from the date of my separation.

**Separation Request Accepted:**

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Employee Signature CCCCD Authorizing Signature

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Date Date

Send form to: Contra Costa Community College District

 500 Court Street-4th floor HR Department

 Martinez, Ca. 94553

 Attention: Andrea Medina