

**U. S. Department of Housing and Urban Development  
Office of the Chief Human Capital Officer  
Voluntary Separation Incentive Payment (VSIP) – Buyout Application**

**This application must be submitted as outlined in the Buyout Plan.**

**Applicant's Name:** \_\_\_\_\_

**Program Office and Location:** \_\_\_\_\_  
\_\_\_\_\_

**Title:** \_\_\_\_\_

**Occupational Series-Grade:** \_\_\_\_\_

**Phone Numbers: Day** (\_\_\_\_) \_\_\_\_\_

**Evening** (\_\_\_\_) \_\_\_\_\_

**The Office of Chief Human Capital Officer (OCHCO) may need to contact you quickly to discuss your application. Please provide both a daytime and evening phone number.**

Check **one** of the following boxes below and fill in the date you want the action to be effective in the space provided. Separation may occur any time after application approval<sup>1</sup>.

If approved to receive a buyout payment, I agree to **[please complete one of the actions below]**:

**Resign** on \_\_\_\_\_.

Take (VERA) **early** retirement on \_\_\_\_\_.

Take **regular/optional** retirement on \_\_\_\_\_.

**Applicant must initial one of the following:**

1. \_\_\_\_\_ I certify my retirement system is Civil Service Retirement System (CSRS)
2. \_\_\_\_\_ I certify my retirement system is Federal Employee Retirement System (FERS)

**Applicant must initial all sections.**

*(Failure to do so will result in your application being disapproved and no further consideration will be given for this Buyout request.)*

3. \_\_\_\_\_ I certify that I have not received a Recruitment or Relocation Incentive within 2 years of my projected date of separation.
4. \_\_\_\_\_ I certify that I have not performed service for which a retention bonus was paid, or is to be paid within 1 year of my projected date of separation.
5. \_\_\_\_\_ I certify that I have not received a student loan repayment benefit within 3 years of my projected date of separation.
6. \_\_\_\_\_ I certify that I am not in receipt of a decision notice of involuntary separation or misconduct or unacceptable performance.
7. \_\_\_\_\_ I certify that I have not previously received a buyout payment from the Federal government.
8. \_\_\_\_\_ I certify that I am not a reemployed annuitant or covered by other retirement system(s) of the government.
9. \_\_\_\_\_ I certify I am not eligible for disability retirement

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<sup>1</sup> Please reference the Buyout Plan for specific separation dates.

**Separation Agreement**

- My decision to resign or retire is entirely voluntary and has not been coerced.
- I understand that if my application is approved and I receive a buyout payment, I cannot be reemployed by the Federal government, or accept any employment for compensation with the U.S. Government of the United States (to include contract positions), within five years of the date of the separation on which the buyout is based.
- I also understand that if this application is not approved, I am not bound to resign/retire on the date specified above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**FOR OCHCO USE ONLY  
Policy Development Branch**

Employee is  Eligible

Ineligible to receive a VSIP.

Recommend Approval

Recommend Disapproval

Comments required if recommending disapproval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policy Development Branch  
Reviewing Specialist

\_\_\_\_\_  
Date

Approved

Disapproved

\_\_\_\_\_  
Policy Development Branch Chief

\_\_\_\_\_  
Date