State University of New York College of
Environmental Science and Forestry

Application to Participate in the 2026 SUNY ESF Voluntary Separation Program

To: Joanie Mahoney, President

From:

_____

(First name, Last name, *please print*)

I hereby elect to participate in the 2026 SUNY ESF Voluntary Separation Program. I understand that if my request to resign is approved by the President and I submit my irrevocable letter of resignation from the State University of New York College of Environmental Science and Forestry, my employment will terminate on/or before December 31, 2026 (close of business) or April, 1 2027 (close of business) for staff and May 19, 2027 for faculty. I further understand that it is my responsibility to hand-deliver this Application Form to Human Resources, 216 Bray Hall, no later than December 4, 2026, (12 PM deadline) and that I have until December 31, 2026, (close of business) to make an irrevocable election regarding my participation in this program.

I understand that although payments under the Program may be funded in whole or in part by the ESF College Foundation (The Foundation), all determinations under the Program (including without limitation determinations of eligibility to participate and the calculation of payments to participants) are made solely by the College. Neither the offering of, nor my participation in, the Program shall be construed to create an employment or contractual relationship between me and the Foundation.

Employee Signature: _____ **Date:** _____

Anticipated Resignation Date: _____

For HR Use Only

Annual Salary: $_____

- Years of Full time ESF Service (as of 11/01/2026): _____ (years)
- VSP lump-sum payment paid by ESF College Foundation: $0
  (12% base salary + $800/year of ESF Service)

- Vacation payment* [MC, Prof. & Class.-only] _____ (Days)
- Salary withholding* [MC, PEF & CSEA-only] _____ (Days)
- Sick Leave calculation* _____ (Days)
- Estimated Sick Leave Credit $_____ (For health insurance coverage)

***Vacation + salary withholding (if any) paid through state payroll** (Calculation based on date submitted. Actual value may change based on actual retirement date.)

HR Consultant: _____

For President's Use Only

☐ Approved ☐ Denied

President: _____ **Date:**_____