APPLICATION FOR SEPARATION INCENTIVE

1. I understand that the effective date of my retirement/resignation must be no later than January 3, 2005.

2. I understand that, if I receive the separation pay incentive, I will not be eligible for reemployment anywhere within the Federal Government or with a personal services contract within 5 years of separation. I also understand that, reemployment within 5 years will require payment in full, the gross amount before taxes, to NASA prior to entering on duty.

3. I understand that I will be notified if my application is accepted.

4. Whether or not my application is accepted, I may withdraw my election to resign or retire at any time up to the effective date of my separation.

5. I wish to retire effective _____. I am eligible for optional/early retirement. I have met the appropriate age and service requirements. I understand that if my application is accepted, I must submit a completed, signed retirement application to the Benefits Office. My decision to retire is voluntary.

6. I wish to resign effective _____.

7. Have you ever received severance pay as a Federal employee? **YES** ☐ **/ NO** ☐ (Check One)

Name of Employee		SSN
Primary Competency	Secondary Competency	
Mail Stop	Phone Number	Organization
Signature		Date

This form must be submitted in **PERSON** to the Benefits Office in Building 500, Room 1214, by December 22, 2004, **NOT LATER THAN 4:30 P.M.**

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