

FY 2019

NCR-MD VERA/VSSIP APPLICATION

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3013 AND 5 U.S.C. 301

PURPOSE: Information will be used to screen qualifications of employees, determine status, eligibility, employee's rights, and benefits under pertinent laws and regulations governing Federal employment; compute length of service, compile reports, statistical analyses of civilian workforce strength trends, accounting, and composition; and to provide personnel services.

ROUTINE USES: Information may be disclosed to Federal, state, county, municipal or other public agencies, including an income security administration agency (e.g., State unemployment compensation agencies), where necessary to adjudicate a life or health insurance, health benefits program, or to conduct and analytical study or audit of benefits and programs. Health insurance carriers contracting with the Office of Personnel Management to provide a health benefit plan under the Federal Employees Health Benefits Program may be provided information necessary to identify enrollment in a plan, to verify eligibility for payment of a claim for health benefits, or to carry out the coordination or audit of benefits provisions of such contracts.

DISCLOSURE: Disclosure of Social Security Number (SSN) and other information is voluntary. The SSN will be used to identify the applicant, if all information is not provided, agency may be unable to process the application and/or processing may be delayed.

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Instructions for Completion

1. Please complete this form **electronically**. DO NOT PRINT.*
 - a. If you need assistance filling out the form and signing it electronically, please contact your IT department.
2. Fill out all sections of this application. If you need assistance, please contact your CHRC HR Specialist or Human Resources Liaison.
3. Once your section of the application is complete, the application **MUST** be forwarded on to the next reviewer.
 - a. After you have electronically signed the application, you must save the form to your computer and then attach the application to an email in order to send it electronically to the next reviewer.
4. All applications (recommended for approval/disapproval) must be submitted up the Chain of Command and to the NCR-MD for auditing purposes. Final determinations will be made by the Defense Health Agency (DHA).

*Please submit all forms electronically, with electronic signatures from your CAC. If you need assistance in doing so, please contact your supervisor, department administrator or HR Liaison. Printed applications will only be accepted from those employees without access to a computer.

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Eligibility Requirements

Reference: [DoDI 1400.25, Volume 1702, Voluntary Separation Programs](#), 13 Jun 08

- Must be a U.S. Citizen
- Must be on a permanent appointment (serving under an appointment without time limitation)
- Be a compensated employee (not a volunteer)
- Not be a reemployed annuitant
- Not be on a Schedule C appointment
- Not be a SES Non-Career Appointee
- Not have a pending or approved application for disability retirement
- Not currently under a service agreement from a relocation or recruitment incentive
- If applicable, any active retention incentive must be terminated before the VSIP window closes
- Not have accepted a final job offer in another Federal agency between time of submission and final approval
- Not be in receipt of a decision notice of involuntary separation for misconduct or unacceptable performance

Voluntary Early Retirement Authority (VERA)

- Employees must be on a permanent appointment and be either a) 50 years old and have 20 years of service, or b) any age with 25 years of service
- Have been employed by the DoD for a continuous period of more than 30 days prior to **24 June 2019**
- Age and service requirements must be met by **30 September 2019**

Voluntary Separation Incentive Pay (VSIP)

- Have been employed by the Department of Defense (DoD) for a continuous period of at least 12 months immediately preceding the effective date of separation
- Not be in receipt or have previously received a buyout
- Typically, the following positions designated by DoD and the Office of Personnel Management (OPM) as severe shortage of candidates, critical hire, and/or mission critical are not eligible. **However, applications will be considered on a case by case basis.**

0180-Psychologists	0644-Medical Technologists
0181-Psychology Technicians	0645-Medical Technicians
0185-Social Workers	0647-Diagnostic Radiologic Technologist
2210-Information Technology Management (Information Security only)	0649-Medical Instrument Technicians
0401-Research Biologists	0651-Respiratory Therapists
0601-Chiropractors	0660-Pharmacists
0602-Physicians	0661-Pharmacy Technicians
0603-Physician Assistants	0662-Optometrists
0610-Nurses	0665-Audiologists
0620-Practical Nurses	0665-Speech Pathologists
0621-Nursing Assistants	0667-Orthotists/Prosthetists
0630-Dietitians/Nutritionists	0668-Podiatrists
0631-Occupational Therapists	0680-Dentists
0633-Physical Therapists	0682-Dental Hygienists
0636-Rehabilitation Therapy Assistants	0690-Industrial Hygienists
	0701-Veterinary Medical Officers

**If you have any questions about your eligibility, please contact your CHRC representative – 301-319-8387 or USARMY.RIA.CHRA-NC.mbx.chrc-ria-inbox@mail.mil.*

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PART 1 **EMPLOYEE PORTION**

Employee applications must be submitted to Department Head NLT 21 June 2019.

This constitutes my application for the following (indicate applicable option):

- VERA (Early Retirement) only VSIP with Optional/Voluntary Retirement
 VERA with VSIP (i.e. Buyout) VSIP with Voluntary Resignation

(Please type the following information)

Full Name (First, Middle, Last):

Telephone Number (Office):

Email Address:
(please use your "@mail.mil" address)

Position Title:

Pay Plan: Series: Grade:

Facility: **-Select Facility-** Department:

Duty Location (City, State):

Anticipated Retirement/Separation Date **(NLT 30 Sep 2019)**:

Have you ever received separation incentive pay from the Federal Government? Yes No

DECLARATION:

- I understand that I cannot be employed within DoD for one year following separation date.
- I understand that I must repay the full incentive amount if reemployed by the Federal Government under any type of appointment or under a personal services contract within five years after separation with an incentive.
- I understand that use of these incentives is a management tool and not an employee entitlement.
- I understand that by signing this application I am attesting that it is being submitted voluntarily.
- I attest that I am eligible to apply for one of these incentives.

Employee's Name (Printed)

Employee's Signature

Date

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PART 2 **DEPARTMENT HEAD RECOMMENDATION**

All applications (recommended for approval/disapproval) must be submitted up the Chain of Command and to the NCR-MD for auditing purposes. Final determinations will be made by DHA.

Employee Name:

Position Title:

Pay Plan: Series: Grade:

Position Description #: IMD Position Number:

1. Recommend: Approval Disapproval
2. Recommend vacated position should be: Abolished Restructured

3. If restructured, identify the new Position Title/Series/Grade and **Standardized** Position Description # and cost savings as a result of restructuring the position. Note: Absence of the cost analysis may result in disapproval of this application:

Reason(s) for recommendation:

I certify that this is the same position that the incentive applicant will vacate, if approved for program participation, and that it will be **restructured or abolished** in accordance with VERA and VSIP program guidelines.

Department Head's Name (Printed)

Department Head's (Signature)

Date

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PART 5

CIVILIAN HUMAN RESOURCES CENTER
ELIGIBILITY DETERMINATION

All applications (recommended for approval/disapproval) must be submitted up the Chain of Command and to the NCR-MD for auditing purposes. Final determinations will be made by DHA.

Employee Name:

Eligibility Status:

Eligible

Ineligible

Reason(s) for ineligibility, if applicable:

Approximate Incentive Amount (if applicable):

CHRC HR Specialist's Printed Name

CHRC HR Specialist's Signature

Date

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PART 6
NCR-MD RECOMMENDATION

1. Recommend:

Approval

Disapproval

Reason(s) for recommendation (if applicable):

NCR-MD Personnel Branch Chief's Name (Printed)

NCR-MD Personnel Branch Chief's Signature

Date

PART 7
FINAL DETERMINATION

**** To be completed by Approval Authority; Director, Defense Health Agency (DHA) or designated representative****

The personnel action(s) for the individual employee listed in Part I are:

Approved

Disapproved

Reason(s) for Decision (if applicable):

DHA Director's Name (Printed)

DHA Director's Signature

Date