**VIRGINIA COMMONWEALTH UNIVERSITY**

**WORKFORCE REDUCTION SELECTION OF BENEFITS
FOR UNIVERSITY AND ACADEMIC PROFESSIONALS**

Employee name:

V number:

I, [Print employee name], have reviewed the Working@VCU: “Great Place” HR Policies, as well as the information and documentation provided to me by VCU HR regarding the severance benefits for which I am eligible. I understand that I have the right to choose either the plan offered by VCU or the plan provided under the Commonwealth of Virginia Workforce Transition Act (WTA).

I have selected the following Workforce Reduction benefits plan (select one) and understand that my decision is irrevocable:

* Virginia Commonwealth University
* Commonwealth of Virginia Workforce Transition Act (WTA)

Employee signature:

Date: