

CWA- Voluntary Supplemental Income Protection Program VSIPP Request Form Midwest Region

For job titles covered by the Midwest CWA Core Contract only

- NEW**
- CHANGE**
- CANCEL** (if canceling, complete Section 1 only)

SECTION 1 – TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT)

FIRST NAME	LAST NAME	ATTUID #	NCS DATE

JOB TITLE	WORK LOCATION	CITY	STATE

By submitting this Voluntary SIPP Request Form, I understand the following:

- I am under no obligation to accept a VSIPP Payment offer, nor is the Company obligated to offer me such payment
- I understand that, I will have two (2) business days following the offer to submit my VSIPP acceptance form and my willingness to be voluntarily terminated by the Company
- I understand that if I accept the VSIPP offer my decision is irrevocable
- If I fail to confirm or refuse acceptance, my VSIPP Request will be canceled and I will be unable to resubmit a VSIPP Request for sixty (60) calendar days.
- I will be ineligible to submit a VSIPP request form if I have failed to confirm or refused acceptance of a SIPP in the last 60 days.
- This request will remain on file until such time that a VSIPP or SIPP offer is made to you or you notify the local Staffing Office in writing that you no longer wish to be considered for VSIPP.

Employee's Signature: _____ **Date:** _____

ATTUID: _____ **Date:** _____

Supervisor's Name: _____ **Title:** _____

Signature: _____ **Date:** _____

NOTE: Eligibility: Employees must be classified as regular full-time, non-surplus, must meet time-on-assignment requirements, and have not received a SIPP offer within the last 60 days.

Fax form to: 678-393-6825 (Midwest Staffing)