

EXECUTIVE SEVERANCE POLICY

CERTIFICATE OF RECEIPT

I acknowledge that I have been informed of the severance options available to me under Title 2.2, Chapter 32 of the Code of Virginia, The Workforce Transition Act of 1995.

The following topics were presented to me:

\_\_\_\_\_ Transitional Severance Payments

\_\_\_\_\_ Transitional Health Care Benefits

\_\_\_\_\_ Transitional Life Insurance Benefits

\_\_\_\_\_ Enhanced Retirement for vested members of VRS, SPORS or VaLORS

\_\_\_\_\_ Unemployment Compensation

\_\_\_\_\_ Other Benefits

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resource Officer Signature

\_\_\_\_\_  
Date