



Exhibit 1

Early Exit Program (EEP) Application

Employee Name: _____ Employee ID: _____
Job Title: _____ Division: _____
Appropriate Admin: _____ School/Dept: _____
Employee Email: _____ Phone: _____

☐ Retirement

☐ Separation

Intended Retirement/Separation Date: _____

Applications for the Early Exit Program (EEP) must be submitted electronically or mailed on or before April 30, 2021. **Applications received after 11:59pm that day will not be considered.** Complete applications will be processed beginning April 1, 2021 on a first come, first serve basis in the order in which they were received. Electronic signature is **highly** preferred to expedite processing and limit mail delivery on campus during the COVID-19 pandemic. Mailed applications will be considered received as of the postmarked date.

Acknowledgment and Signature

I acknowledge that I have read the TERMS AND CONDITIONS of the EEP in its entirety. Additionally, I certify that I meet all eligibility requirements and that all information provided on this application is accurate. I also understand the following:

- Participation in the EEP is strictly voluntary.
- Participation in the EEP requires me to execute a general waiver and release of all claims.
- My decision to separate and the date chosen for separation in this APPLICATION is irrevocable upon executing the FIRST SEPARATION AGREEMENT AND RELEASE and returning to Human Resources.
- Upon executing and returning the FIRST SEPARATION AGREEMENT AND RELEASE to Human Resources, I am only eligible to receive 80% of the calculated severance amount. The final 20% of the calculated severance amount is contingent upon executing and returning the FINAL SEPARATION AGREEMENT AND RELEASE to Human Resources on my last day of employment.
- The EEP does not create an entitlement and the provisions of the program are subject to change at the discretion of management.
- The University reserves the right to accept or deny applications in accordance with the TERMS AND CONDITIONS.
- I understand I may seek legal counsel before signing this application.

Employee Name: _____ Signature: _____ Date: _____

Human Resources: _____ Signature: _____ Date: _____

Please digitally sign to return and/or print, complete, and mail to:

SSU Human Resources
1801 East Cotati Avenue
Rohnert Park, CA 94928
hr@sonoma.edu