

VOLUNTARY BUYOUT APPLICATION

I acknowledge that I have decided to participate in the Voluntary Buyout Program offered by the Times Union. I understand that all Guild employees are eligible for this program but that the Times Union retains full discretion to accept or reject each applicant. I further understand that if selected for the program I must sign a Release to receive any compensation associated with participation in the Voluntary Buyout Program. I have 45 days after receipt of the Release in which to accept its terms and sign the Release. I also will have seven days after signing the release in which to revoke it.

Employee's name (please print)

Employee's signature

Date

This form must be returned to Ruth Fantasia in Human Resources no later than 5 p.m. November 12, 2018.

Date form received: _____

HR Signature: _____