

## 2019-21 Voluntary Separation and Retirement Outcome Report

**Agency Name:**

**Plan Effective Date:**

**Cost Recovery Deadline:**

*(2 years after effective date of agency plan)*

*Please describe the Voluntary Separation and Retirement Program for your agency in the space below. Include information on any resulting service delivery changes and agency efficiencies.*

*For each employee who received a voluntary separation, retirement or downshifting incentive, please report that participation, including the **cost of the incentive payment** as well as **expenditure savings**. Please also include any additional savings expected starting July 1, 2019 through your deadline at the end of your two-year cost recovery period. Please do not include any savings expected after your deadline.*

*(Enter information for each employee in a separate row of the table. Add rows/pages as needed.)*

1. Employee/Incentive Type/Description	2. Incentive Cost	3. Savings through 6/30/19	4. Net Savings as of 6/30/2019 (#3 minus #2)	5. Projected Savings from 7/1/19 to Cost Recovery Deadline	6. Total Net Savings (#3+#5) minus # 2
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			\$ -		\$ -
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