## **Voluntary Separation**

2019-2021 Quarterly Report

This quarterly report is to be completed and signed by your agency's Voluntary Separation Plan (VSP) contact person. Submit report to the State Human Resources Director at <a href="mailto:rules@ofm.wa.gov">rules@ofm.wa.gov</a>.

Date Submitted:		Agency/Institution:		Reporting Period:			
7/20/2021		Liquor and Cannabis Board	April 1, 2021 thr	April 1, 2021 through June 30, 2021			
VSP Contact:		VSP Contact Phone:	Do you have acti	Do you have activity to report this quarter?			
Anita Bingham		360-664-1739					
			If <b>no</b> , sign below	and submit re	port.		
Part 1 - Offers							
During the reporting period, describe any offers made under your plan. Include how you determined which employee(s) would be offered incentive(s), how you figured the amount(s) offered, and how the plan helped you overall reduce costs to your agency.							
Part 2 - Itemize all incentives that have been offered.							
Employee Name	Employee Accepted	If initial offer was modified, provide details.	Incentive Type & Date	Incentive Amount	Projected Savings	Net Savings	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
Signature							
Date: VS 7/20/2021		SP Contact Signature (required): linita Bingham					