

Request for Voluntary Early Retirement Authority (VERA)

Αç	gency:					
Co	overed	Component(s):				
1.	becau	se of substantial de		, reducti	oe the situation that will result in an exces on in force, transfer of function, or other v or less.	
2.					eorganization, reduction in force, shaping described above in item #1	
3.	Identif	y the time period du	uring which the agency p	lans to	offer VERA (end date)	
					nly a part of your organization, provide for the entire organization.	the data for that
4.	Provide	the total number o	of permanent employees	in the a	gency or covered component(s)	
5.	that are	e expected to be inv	voluntarily separated, dov	wngrade	gency or covered component(s) ed, transferred, or reassigned	
6.					overed component(s) who are eligible eligible for optional retirement.)	
7.					ency or covered component(s)	
8.			nnel actions that are antic 1.) (Check all that apply)		o be necessary without VERA (based on	the reason(s)
	Dow	ngrades		Attritio	n to mitigate the need for involuntary action	ons
	Trar	nsfers		Reass	ignment of staff to other organizations/fur	nctions
	Red	uction in Force		Other		

cy Contact Information &	- Fmail:	
sting s Name:	Email: Requesting Official's Title:	Phone:
sting Official's Signature ch signed cover memo):		Date:
Decision (OPM Use Only)	
Decision (OPM Use Only Approved	Disapproved	
Decision (OPM Use Only Approved		to
Approved	Disapproved	to

Please submit to:

Mailing Address:

Deputy Associate Director
Talent Acquisition and Workforce Shaping
U.S. Office of Personnel Management
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Room 6500

Washington, DC 20415

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