



Request for Voluntary Early Retirement Authority (VERA)

Agency:

Covered Component(s):

1. State the reason(s) why the authority is needed. (Describe the situation that will result in an excess of personnel because of substantial delayering, reorganization, reduction in force, transfer of function, or other workforce restructuring or reshaping.) Briefly explain in 250 words or less.

2. Provide the anticipated effective date of the delayering, reorganization, reduction in force, transfer of function, or other workforce restructuring or reshaping described above in item #1.....
3. Identify the time period during which the agency plans to offer VERA (end date).....

For the following items, if you are requesting VERA for only a part of your organization, provide the data for that portion of the organization only. Do not provide numbers for the entire organization.

4. Provide the total number of permanent employees in the agency or covered component(s).....
5. Provide the total number of permanent employees in the agency or covered component(s) that are expected to be involuntarily separated, downgraded, transferred, or reassigned as a result of the situation described above in item #1.....
6. Provide the total number of employees in the agency or covered component(s) who are eligible for voluntary early retirement. (Do not include employees eligible for optional retirement.).....
7. Provide an estimate of the number of employees in the agency or covered component(s) who are expected to take voluntary early retirement.....
8. Select the types of personnel actions that are anticipated to be necessary without VERA (based on the reason(s) described above in item #1.) (Check all that apply)

Downgrades

Attrition to mitigate the need for involuntary actions

Transfers

Reassignment of staff to other organizations/functions

Reduction in Force

Other

Agency:

Agency Contact Information & Signature of Requesting Official (Agency Head or Designee)

Name: Email: Phone:

Requesting Official's Name: Requesting Official's Title:

Requesting Official's Signature (or attach signed cover memo): _____ Date:

OPM Decision (OPM Use Only)

Approved

Disapproved

VERA Authorization #: Approval Period: to

Approving Official's Name: Approving Official's Title:

Approving Official's Signature: _____ Date:

Please submit to:

Mailing Address: Deputy Associate Director
Talent Acquisition, Classification, and
Veterans Programs
U.S. Office of Personnel Management
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Room 6500
Washington, DC 20415

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