



## **VOLUNTARY SEPARATION INCENTIVE 2026**

### **Civil Service Employees' Association (CSEA)**

#### **VOLUNTARY SEPARATION INCENTIVE:**

**Eligible Employee:** Employees potentially eligible for the Voluntary Separation Incentive will be identified and targeted based on job title, departmental needs and other relevant factors following consultation with the Department Head. Any employee considered for the incentive must have a minimum of ten (10) years of continuous full time, permanent service with the Town of Amherst.

**Time to apply for incentive:** Employees must file an initial application for the Voluntary Separation Incentive no later than **December 1, 2026** on the form attached hereto, and an irrevocable letter of voluntary resignation no later than **December 15, 2026**. The Town reserves the right to extend the election period for additional days.

**Separation Date:** Employee must separate from employment with the Town no earlier than **January 2, 2026** and no later than **December 30, 2026**. The Town reserves the right to extend the separation deadline for additional days. Any eligible CSEA employee who separates service no later than March 31, 2026 shall receive the incentive with no requirement to continue making health insurance contributions upon separation. Any eligible CSEA employee who separates service on or after April 1, 2026 will be required to continue contributing toward the payment of health coverage at the same rate of contribution, pursuant to the collective bargaining agreement between the Town of Amherst and CSEA, that they were required to pay at the time of separation.

**Voluntary Separation Incentive - Continued Health Insurance:** For eligible employees who are approved and accept the Voluntary Separation Incentive, the Town shall continue to provide fully paid family or single health insurance, dental insurance and vision coverage for a one year (12 full consecutive months) period. In the event of death of the employee, the payments shall continue to be made and applied as payment in full for appropriate continued medical insurance for the employee's spouse and/or eligible dependents for the remainder of the twelve (12) month period.

**The Voluntary Separation Incentive** shall not be used in the calculation of any retirement benefit.

**Resignation:** An employee accepting the Voluntary Separation Incentive shall be required to sign an irrevocable letter of voluntary resignation no later than **December 15, 2026**, on the form attached hereto. The employee agrees that he/she is not eligible for unemployment insurance.

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I have read the terms of the foregoing Voluntary Separation Incentive Program and elect to accept the incentive. I understand that until I receive notification from the Director of Human Resources that I have been accepted into the program, and I sign the separation affidavit this election is not finalized.

Signature: \_\_\_\_\_

Employee: \_\_\_\_\_  
Print Name

Date: \_\_\_\_\_

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**TOWN OF AMHERST**  
DEPARTMENT OF HUMAN RESOURCES

**ERIE COUNTY, NEW YORK**

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**2026 VOLUNTARY SEPARATION INCENTIVE  
AFFIDAVIT**

STATE OF NEW YORK     )ss:  
COUNTY OF ERIE         )

I, \_\_\_\_\_, being duly sworn, deposes and says as follows:

Pursuant to the terms of the Voluntary Separation Incentive Agreement negotiated between the Town of Amherst, CSEA and the employee named above, please accept this as an **IRREVOCABLE** Letter of Voluntary Resignation, effective \_\_\_\_\_, 2026.

I understand and agree that my employment with the Town of Amherst must actually end in order to receive the Voluntary Separation Incentive. I also understand and agree that I will not be eligible for unemployment insurance.

I understand that the value of the insurance I receive through this Voluntary Separation Incentive payment for which I would not normally be compensated shall not be used in the calculation of any retirement benefit calculated by the New York State and Local Retirement System (NYSLRS), or any other retirement system.

If I die before I am covered for a full twelve (12) months of health insurance, the coverage shall continue in full for my spouse and/or eligible dependents for the remainder of the twelve (12) month period.

\_\_\_\_\_  
Signature of employee

Sworn before me this \_\_\_\_  
day of \_\_\_\_\_, 2026

\_\_\_\_\_  
Notary Public