



PLACE TIME / DATE STAMP HERE UPON
RECEIPT AT THE CAO RECEPTION DESK

**Separation Incentive Program
Letter to Rescind Participation**

Appendix C

To: Office of the City Administrative Officer
Attn: Dana Brown, Chief Employee Relations Officer
200 N Main Street, Suite 1200
Los Angeles, CA 90012
Via email at: CityofLASIP@lacity.org

I, _____, Employee # _____
(Print First, Middle, Last Name) Employee Identification No.

hereby rescind my voluntary retirement, which I previously tendered on _____
2020.

I understand that this rescission must be made before 3:00 PM on the seventh business day after my Separation Incentive Program (SIP) application/agreement was submitted. If this document was received after the rescission deadline, then my intention to withdraw from the SIP is null and void, and will be rejected on that basis.

I further acknowledge that, by rescinding my original agreement to leave City service, I give up any and all entitlement to any consideration, including monetary consideration, offered under the SIP. I hereby certify I have not received any benefit or consideration of any kind under the SIP.

I understand and acknowledge that this rescission does not in any way limit or otherwise affect the City's rights under the Charter with respect to involuntary layoff.

Date

Employee Signature