

**SE WIRE TECHNICIAN
VOLUNTARY SEVERANCE PREMIUM OFFER
IRREVOCABLE ACCEPTANCE**

Name	UID	Cost Center	
Seniority Date	Work Street Address	City	State
Work Phone Number	Alternate Phone Number	Home Phone Number	

My acceptance of an offer does not guarantee that I will be approved for the Voluntary Severance Premium Offer. Offers will be granted in accordance with the Memorandum of Agreement Voluntary Severance Premium (MOA).

I understand that by signing this form, I am accepting this offer, which is equivalent to the regular Layoff Allowance amount, plus \$5,000 (net of applicable withholding taxes) and that I will be notified by the Company if/when my acceptance has been approved. I understand that my signed Acceptance form is FINAL AND IRREVOCABLE after Wednesday, July 22, 2020, at 5:00 pm Central Time.

Please Check:

- I have reviewed the Layoff Allowance payment table outlined in the Network Addendum U-verse Field Operations Section 6.04 of the Working Agreement, to calculate my layoff allowance payment, with the addition of \$5,000 along with the provisions outlined in the MOA.

I understand that my signed acknowledgment will be valid for this offer only:

ACCEPTANCE

Please Check:

- I will accept the provisions of the Voluntary Severance Premium Offer.

You may want to consult with your Tax Advisor regarding the financial implications of your election as the layoff allowance payment and addition of \$5,000 will be paid in one lump sum payment less applicable withholding and taxes.

Employee's Signature: _____

Date: _____

NOTE: Electronic Signatures are not acceptable.