

**University of Missouri**  
**Layoff and Transition Assistance Agreement**

I, \_\_\_\_\_, in consideration of the transition assistance payment, layoff leave of absence and associated benefit coverage to be provided to me by The Curators of the University of Missouri (University) according to Section 350.051 of the Collected Rules and Regulations (CRR) of the University of Missouri, hereby acknowledge and agree to the following:

