EXPANDED VSPP EXPRESSION OF INTEREST APPLICATION

*For Legacy Qwest employees covered under the Qwest CWA Contract*

THIS IS NOT AN OFFER, NOR A PROMISE THAT AN OFFER WILL BE MADE

I understand that this form is only a canvass of my interest and in no way represents a formal offer, nor promise of an offer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Employee’s Name SAP User ID (ABC123456)

\_\_\_\_ YES, I AM A LEGACY QWEST EMPLOYEE AND AM INTERESTED in being considered for an Expanded VSPP (E-VSPP) offer.

I understand if offered E-VSPP, I will have TWO (2) BUSINESS DAYS to respond. I also understand that if offered E-VSPP, the offer will be contingent upon the existence of a qualified and available force adjusted employee (candidate) to backfill my position. If for some reason I am offered VSPP and the force adjusted employee (candidate) who is to backfill me becomes unavailable, the Company is under no obligation to allow me to leave with VSPP.

I understand that if I am offered and decline the E-VSPP offer, I will become ineligible for future E-VSPP offers for a period of twelve (12) months.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Date Signed

When you have completed the top portion of this form, MAKE A COPY FOR YOUR RECORDS, and return the original to your Manager.

Dear Manager,

Your Legacy Qwest employee has indicated interest in being considered for an Expanded VSPP (E-VSPP) offer. You are required to fax this completed form to 303.391.2079 within seven (7) calendar days of the employee signature. When this E-VSPP form is received, you will receive a confirmation message within 3 days. A copy of this confirmation should be given to the above named employee.

Please provide the following information on the employee volunteer:

Current Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOE:

Work Location (City/State): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Supervisor’s Name Supervisor’s Phone Number

Revised 1.23.12