# State Oath of Allegiance – Damage Payment Release

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby accept in complete satisfaction of any and all claims I may have against the Regents of the University of California on account of services performed by me during the period:

|  |  |  |  |
| --- | --- | --- | --- |
| Begin Date | End Date | Total Hours | Total Amount |
|  |  |  |  |

I understand that this Damage Payment is subject to Federal, State and FICA tax withholding.

|  |  |
| --- | --- |
| Employee Signature | Date Signed |
|  |  |

This form is to be signed in the presence of a witness.

|  |  |
| --- | --- |
| Witness Name | Witness Title |
|  |  |
| Witness Signature | Witness Date |
|  |  |

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| --- | --- | --- | --- |
| **Department Approver Name** | **Department Approver Signature** | **Date** | **Phone** |
|  |  |  |  |
| **Controller Name** | **Controller Approval Signature** | **Date** |
|  |  |  |
| **Chancellor Name** | **Chancellor Approval Signature** | **Date** |
|  |  |  |
|  |

Note: Any claims covering a period of 120 days or more must be approved by the Chancellor.*Original: Employee’s personnel file**Copy: Employee and Payroll Services* *Retention: See Records Disposition Schedules* |