# State Oath of Allegiance – Damage Payment Release

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | |  |  | |
| |  |  |  |  | | --- | --- | --- | --- | | **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* |