

Office Use Only	
Payment Date:	_____
Processed By:	_____
Processed Date:	_____

Section 1: Employee Information

Employee Name: _____ Employee ID: _____
(Last, First, Middle)

Department: _____ Date: _____

Section 2: Date and Payment Information

Date Services Performed:

Begin Date End Date* BW: Hours Worked BW: Hourly Rate = \$ Payment Amount
*Date Oath of Allegiance was signed MO: % of Time Worked MO: Monthly Rate

Note: For academic late start situations, only Payment Amount is required.

Organization	Cost Center	Fund	Activity	Sub	*Split % (Enter as Decimal)

**Total of Split column must equal 100%*

Section 3: Explanation For Oath Not Being Signed Prior To Service Start

Section 4: Form Preparer and Funding Authorizer

Form Prepared By Preparer Phone Number and Email Date Prepared

Department Approver Name Department Approver Phone Number and Email

Department Approver Signature Date Signed

If the Damage Payment period is in excess of 120 days of service, this form must be signed by the Chancellor.

Section 5: Submit Information

The divisional or departmental business office will submit all forms and supporting documentation together to Staff Human Resources or Academic Timekeeper, for submission to the Payroll Office. The Payroll Office will process the Damage Payment in the next available pay-cycle.

Damage Payment Release Form

(To be signed by recipient of damage payment)

Section 1: Release Statement

I hereby accept in complete satisfaction any and all claims I may have against the Regents of the University of California on account of services performed by me during the following dates for the sum stated below.

Begin Date:

End Date:

Sum:

Section 2: Signatures

I have read and understand the statement in Section 1:

Employee Signature:

Print Name:

Date:

Employee Title:

Witness Signature:

Print Name:

Date:

Witness Title:

Section 3: Documentation instruction - Copies

Copy 1: Employee's personnel file

Copy 2: Employee

Retention: See Records Disposition Schedules

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