



Damage Payment Request

Important: Form must be filled out in [Adobe Reader](#) or [Acrobat Professional 8.1](#) or above. To save completed forms, [Acrobat Professional](#) is required. For technical and accessibility assistance, contact the [Financial Affairs Technical Team](#). Form questions: payform-group@ucsc.edu

| 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:

| | | | | | | |
|----------------------|----------------------|--|---|-------------------------------------|------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | X | <input type="text"/> | = \$ | <input type="text"/> |
| Begin Date | End Date* | BW: Hours Worked MO: % of Time Worked | | BW: Hourly Rate MO: Monthly Rate | | Payment Amount |

*Date Oath of Allegiance was signed
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 <input type="text"/> | Preparer Phone Number and Email <input type="text"/> | Date Prepared <input type="text"/> |
| Department Approver Name <input type="text"/> | Department Approver Phone Number and Email <input type="text"/> | |
| Department Approver Signature <input type="text"/> | | Date Signed <input type="text"/> |

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)

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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

Section 4: Submit Information

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