



Loyalty Oath—Damage Payment Release

(To be signed by recipient of damage payment)

I, _____, hereby accept in complete satisfaction of any and all claims that I may have against The Regents of the University of California on account of services performed by me during the period from _____ through _____ the sum of \$_____.

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

Dated _____ Signed _____

Witness:

Signed _____ Title _____

Copy 1: Employee's personnel file

Copy 2: Employee

Retention: 5 years after separation