

DO NOT SUBMIT THIS FORM TO THE UCPATH CENTER
~ Location Use Only ~

This release will be used by location employees, who are recipients of a damage payment, stating that the recipient accepts the damage payment amount for his/her claim, and that recipient acknowledges the payment will be subject to income tax/FICA withholding. Click to access [statement instructions](#).

SECTION 1. KEY INFORMATION

*Indicates Required Fields

Employee ID #* (8 Digits)	Recipient's Last Name*	Recipient's First Name*	M.I.

SECTION 2. STATEMENT OF RECIPIENT*

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 from _____ through _____, the sum of \$ _____.

(mm/dd/yyyy) (mm/dd/yyyy)

I understand that this damage payment is subject to Federal and State income tax and FICA withholding.

SECTION 3. SIGNATURES

Recipient Signature*	Date* (mm/dd/yyyy)
Witness Signature*	Date* (mm/dd/yyyy)
Witness Title*	