

**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**

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

**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**

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