

SECTION 1. KEY INFORMATION

Employee ID #* (8 Digits)

Report Date* (mm/dd/yyyy)

UCPath Center

Last Name*

Business Unit*

DAMAGE PAYMENT REPORT OF SERVICES PERFORMED BEFORE SIGNING THE STATE OATH OF ALLEGIANCE

First Name*

Department*

FR.126

M.I.

*Indicates Required Fields

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

This report will be used by the employing department at UC locations to document services performed by an employee, before the employee signed the required State Oath of Allegiance. Click to access <u>form instructions</u>.

	IED BEFORE SIGNING STATE OATH OF ALLEGIANCE					Date Oath of	
Services First Performed Begin Date* End Date*		Calculation of Payment and Amount Total Hours* x Hourly Rate* = Amount Due					Allegiance Signed*
Degiii Date	Liiu Date	Total Hours		riourly Rate		Amount Due	Allegiance Signed
			X		=		
Explanation of Why Oath Was Not Signed Prior to Beginning Service*							
The policy of making damage payments in no way alters existing policy, based upon legal requirements, that taking							
the State Oath of Allegiance is a requirement of all prospective employees before commencing the duties of their							
University employment. It is the continuing responsibility of those involved in the hiring process to obtain							
properly executed oaths from all appointees and employees (except aliens) prior to the time they commence							
University service.							
SECTION 3. APP	ROVAL SIGNAT	URES					
Department Approval Signature*						Date* (mm/dd/yyyy)	
Title*						F	Phone*
Note: Description		d & d. d					land and Chaha
Note: Departments are requested to advise employees that damage payment is subject to Federal and State income tax withholding and FICA taxes. Vacation or other benefits accrued prior to signing the State Oath of							
	_				ruea	prior to signing the	: State Oath Of
Allegiance must be included. Sick pay is not included. Chancellor/Administrative Officer Approval Signature*							2-t-* / ///)
Chancellor/Adm	inistrative Office	r Approvai Signa	ture	T.		L	Date* (mm/dd/yyyy)

The retention schedule for this form can be found at http://recordsretention.ucop.edu/.

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