|  |  |
| --- | --- |
| cplogo5i  California Polytechnic State University, San Luis Obispo | Payroll Form 192  Faculty Early/Final Settlement Authorization |

To be completed only by faculty requesting early settlement payment upon separation from employment at Cal Poly.

Name:

Employee ID or SSN:

Department Name:

Job Title:

Appointment End Date:

|  |
| --- |
| **Insurance Benefits:** I understand that by requesting early or final settlement payment which involves early separation, my insurance benefits (such as health, dental, vision and life insurance) will discontinue.  I may purchase continuation coverage by paying the full premium expense. If continuation coverage (COBRA) is desired, I will contact Human Resources to arrange for payment.  **Retirement Benefits:** If I am enrolled in the **CalPERS retirement plan** and elect early settlement, I will not earn service credit for the settlement pay periods, nor receive a refund of retirement contributions withheld from the final settlement pay (CalPERS Circular Ltr No. 450-260 04/24/89). Similarly, if I am not currently a CalPERS member, but subsequently become a member, I will not be able to purchase the service credit for the early settlement period.  **Negotiated Salary Increases:** I understand that by requesting early or final settlement pay, I forfeit the right to receive in the settlement pay, any negotiated salary increase(s) effective during the settlement pay period(s).  Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Tax Sheltered Annuity 403(b) / Deferred Compensation 457 / Thrift Plan 401(k):

I request to shelter income from my Lump-Sum Separation pay. Attached is Form 193 “Request to Transfer Lump-Sum Separation Pay Application.”

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department Head/Chair/Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_**

(Retain Copy in Department)

**College/Division Budget Analyst Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_**

Upon completion, please route to Academic Personnel.