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| cplogo5iCalifornia Polytechnic State University, San Luis Obispo | Payroll Form 192Faculty 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:

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| **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.