

**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.**