



Summary of University of California Policy AM-P196-21

It is the policy of the University of California to make a damage payment to an employee who, without knowledge of the State Oath of Allegiance requirement, performs services for the University *prior* to signing the State Oath of Allegiance. A damage payment constitutes a settlement of an employee's claim based upon services rendered. Please refer to the complete policy ([AM-P196-21: Damage Payments for Services Performed Before Loyalty Oath is Signed](#)) for more details.

Damages may be claimed where all of the following conditions are met:

1. The employee entered into University employment in good faith, with no knowledge of the State Oath of Allegiance requirement.
2. The employee would have executed the State Oath of Allegiance prior to commencing University employment had the University advised the employee of the requirement to sign the Oath.
3. The employee did, in fact, sign the State Oath of Allegiance upon learning of the requirement.

Processing Procedures

The following procedures must be followed before a damage payment may be made:

- A. Employee: The employee must submit a claim for a damage payment to the employing department.
- B. Department:
 - i. Complete all fields on the Damage Payment Report (p. 2) if the employee had been in the payroll system with active employment status. The Human Resources Partner/Representative or other authorized designee must sign the Report. The Assistant Vice Chancellor of Human Resources must approve any damage claims that are more than 120 days.
 - ii. Obtain a signed State Oath of Allegiance from the employee.
 - iii. Obtain a completed Damage Payment Release (p. 3) from the employee.
 - iv. Email the completed forms to Central Payroll at payhelp@berkeley.edu.
 - v. Submit the original completed forms for placement in the employee's personnel file.
 - vi. Departments are required to advise employees of the following:
 - Damage payments are subject to federal, state, and FICA withholding deductions. Vacation or other benefits, not including sick leave, accrued prior to signing the Oath must be included. UCRP contributions made by the employee, if any, will be refunded.
 - Damage payments will be paid on the next available pay date after Central Payroll receives a properly approved Damage Payment Report and Damage Payment Release. Payment will be made via the employee's normal payment method (direct deposit or check). Central Payroll will notify the requestor when the payment is processed.
- C. Central Payroll:
 - i. Review the claim for completeness and appropriate approval before processing payment. The deductions should be made for appropriate federal and state income tax and FICA. The payment is subject to worker's compensation insurance and unemployment insurance.
 - ii. Return any contributions made by the employee to UCRP to the employee.
 - iii. Retain a copy of the Damage Payment Report.

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Damage Payment Report



This form is to be completed by the department to initiate a damage payment to the employee.

<i>To Be Completed by the Department</i>				
Employee Name (<i>Last, First, Middle</i>)		Employee ID	Department	Date
Date Services Performed <i>*Begin Date End Date</i>		Date State Oath of Allegiance Signed	Calculation of Damage Payment Amount Due <i>For Bi-Weekly: Hourly Rate x Total Hours = Amount Due</i> <i>For Monthly: Monthly Rate x Total % = Amount Due</i>	
Account-Fund-Org-Prog-Chartfield1-Chartfield 2			Title Code	DOS Code
				DMG
Explanation of Why the Oath Was Not Signed Prior to Beginning Service				
Form Prepared By		Date Prepared	Phone No.	
Department Approver Name		Signature	Date	Phone No.

*If the begin date is more than 120 days before the date the request is submitted, UC policy requires the approval of the Assistant Vice Chancellor of Human Resources. To obtain such approval, please email AVC-HR at: damagepayment@berkeley.edu.

<i>Assistant Vice Chancellor – Human Resources Only</i>			
Assistant Vice Chancellor – HR (Name)	Signature	Date	Phone No.

<i>Central Payroll Office Only</i>		
Processed By	Processed Date	Payment Date

Original: Employee's personnel file
 Copy: Central Payroll Office
 Retention: See Records Disposition Schedules

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Damage Payment Release



This form is to be completed by the employee and a witness.

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:

Employee ID	Begin Date	End Date	Amount Due

By my signature, I acknowledge that I understand that this Damage Payment is subject to federal, state, and FICA tax withholding.

Employee Signature	Date

This form must be signed in the presence of a witness.

Witness Name	Witness Title
Witness Signature	Date

Original: Employee's personnel file
 Copy: Central Payroll Office
 Retention: See Records Disposition Schedules