COVERSHEET - LUMP SUM SEPARATION PAR PACKAGE

I.		State Controller's Office PPSD – Statewide Civil Service Audits		
II.	FROI Age Cor Uni	Mency Name:ntact Name:iversal Email:	Agency Code: Contact Phone:	
III. Employee Information SSN: First and Last Name:				
IV.	Wha	Cash only (when SCO must key) One tax year Savings Plus Contribution only – Current tax year One tax year Savings Plus Contribution only – Next tax year* 1st tax year PAR of a two-tax year PAR Package with Savings Plus Contribution* 2nd tax year PAR of a two-tax year PAR Package with Savings Plus Contribution* *November and December separations only		
V.	V. Additional Information Did you already submit the PAR type indicated above for this employee? □ Yes □ No If Yes, please explain in the Message section below why you are submitting this PAR.			
VI	. Wha	□ PAR		
VI	I. Mes	Message		

Do not enter employee contribution amounts on this coversheet. Those amounts must be indicated on the Savings Plus Lump Sum Separation Pay Contribution Election Form submitted with the PAR package.

Please refer to the <u>Statewide Customer Contact Center</u> (SCCC) at (916) 372-7200 for further assistance, or visit the SCO website for additional contact information.

- o For questions related to PARs, follow the prompts for Civil Service Audits.
- For questions related to payroll or contribution amounts, follow the prompts for Civil Service Payroll.