COVERSHEET - LUMP SUM SEPARATION PAR PACKAGE

I.	TO:	State Controller's Office PPSD – Statewide Civil Service Audits	Date:	
II.	Wha	t type of PAR is in this PAR package? (select or Cash only (when SCO must key) One tax year Savings Plus Contribution only – Cu One tax year Savings Plus Contribution only – Ne 1st tax year PAR of a two-tax year PAR Package 2nd tax year PAR of a two-tax year PAR Package *November and December separations only	errent tax year ext tax year* with Savings Plus Contribution*	
III.	Did	Additional Information Did you already submit a PAR package for the PAR type indicated above? □ Yes □ No If Yes, please explain in the Message section below why you are submitting this PAR.		
IV.	Wha	□ PAR		
V.	Agency Name: Contact Name: Universal Email:		Contact Phone:	
VI.	S	ployee Information SN: rst and Last Name:		
VI	l. Me	. 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.