

Sample Lump Sum PAR Package – 2nd Tax Year

This lump sum PAR package sample is provided to departmental Human Resources Offices as an example of the following PAR package type:

- 2nd tax year PAR of a two-tax year PAR Package with Savings Plus Contribution

Please note that this sample includes TAXI printouts to show where to locate employee year-to-date totals. Those printouts should not be included in a lump sum PAR package submitted to SCO.

Please refer to the [Lump Sum Separation Toolkit](#) along with relevant manuals and training documents for additional information on lump sum separations.

COVERSHEET – LUMP SUM SEPARATION PAR PACKAGE

I. TO: State Controller's Office
PPSD – Statewide Civil Service Audits

Date: 01/01/2026

II. FROM

Agency Name: SCO
Contact Name: Steph Gar
Universal Email: SCOPersonnelTransactions@sco.ca.gov

Agency Code: 051
Contact Phone: (916) 111-1234

III. Employee Information

SSN: 000-00-0000
First and Last Name: Tom W Fong

IV. What type of PAR is in this PAR package? (select one)

- ☐ 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. 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. What is included in this PAR package? (check all that apply)

- ☒ Election Form
- ☒ PAR
- ☒ 457(b) Traditional Catch-Up Approval Letter (Note: If the EE submitted a 457(b) Traditional Catch-Up Approval Letter, be sure the EE included those Catch-Up contributions on the Election Form.)

VII. Message

With Traditional Catch-up contribution approval

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 [Statewide Customer Contact Center](#) (SCCC) at (916) 372-7200 for further assistance, or visit the SCO website for additional contact information.

- 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.

PERSONNEL ACTION REQUEST

005 SEQUENCE NUMBER1 OF 1

DOCUMENT PROCESSING NUMBER0126

ROUTE TO DEPARTMENT OF:SCO

XX SCO-680(REV-10) 08/20/25 PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS

1

FROM:000-00-0000

FONG

TOM W

051 700 7500*901 000 M01 34

03/09/57

M01

TO:

SOCIAL SECURITY #

EMPLOYEE LAST NAME

FIRST NAME AND MIDDLE INITIAL

AGENCY

POSITION

NUMBER

CLASS

SERIAL

DEPT

CODE

CB

ID

COUNTY

CODE

OTHER

POSITION

BIRTH DATE

OPEB

CBID

2

FROM:

TRANSACTION CODE

EFFECTIVE DATE AND HOURS

EMPLOYMENT HISTORY REMARKS

L 8PJ1

TO:

205

70C

210

11/03/25

215

IND

ID

IND

ID

IND

ID

IND

ID

IND

ID

IND

ID

3

FROM:

16061.00

M

M

16061.00

NONE

C

E

TO:

305

ACTUAL RATE

306

TOTAL SALARY

310

SALARY PER

315

PAY FREQ.

320

BASED ON SALARY

321

GSI CODE

325

PLUS SALARY

330

EXPIRATION DATE OF PLUS SALARY

335

ANNIVERSARY DATE

340

ALTERNATE RANGE

345

PAYROLL STATUS

350

SHIFT DIFF

355

SPECIAL PAY

356

WWG

PAY LETTER #

PAY LETTER EXPIRATION DATE

4

FROM:

FT

C

N

1

M

TO:

405

TIME BASE

410

APPT. TENURE

415

MOS.

416

APPOINTMENT DATE

425

EXPIRATION DATE

426

HOURS

430

CERT #

435

TYPE OF LIST OR EXMT STAT

440

PROBATIONARY PERIOD CODE

445

ENDING DATE

450

FORM

455

MCR APPROVAL DATE

460

SEX

465

ETHNIC ORIGIN

470

PRIOR STATE SERVICE

475

DISABILITY CODE

5

FROM:

0B

MIS

NO

YES

8.50

X

ONFILE

ONFILE

TO:

505

ACCOUNT CODE

515

SAFETY MEMBER

520

SURVIVORS BENEFITS

525

SS/MED

530

RETIREMENT RATE(%)

535

EXEMPT AUTHORITY

540

NON-CITIZEN

550

MEDICAL CLEARANCE

555

FINGERPRINT

560

PROFESSIONAL LICENSE TYPE

565

EXPIRATION DATE

570

JOB CODE

575

INCURRED INJURY DATE

580

WCTD/IDL DATE

6

FROM:

REASON FOR SEPARATION

PAY PERIOD

TIME TO BE PAID (NEW)

TIME TO BE PAID (OLD)

PAY IMMED.

LUMP SUM TO PAID

LUMP SUM EXTRA HOURS

LUMP SUM PAYMENT

UNIT

LUMP SUM SERIAL

SEPARATION DATE

EXPIRATION HOURS

FIX MAINTENANCE

TO:

603

605

MM/YY

606

DAS

607

HOURS

608

HDTH

609

HOURS

610

HDTH

615

(S/L)

620

DAS

621

HOURS

622

HDTH

625

DAS

626

HOURS

627

HDTH

630

635

636

645

MM/DD/YY

655

MONTHLY DED.

7

FROM:

MOS.

TOTAL STATE SERVICE HOURS

AS OF

INTERMITTENT DATES AND HOURS

SERVICE PAY PERIOD

SPECIAL PLUS

REEMPLOYMENT LIST CLASS

REEMPLOY LIST ELIG.

MCP WAVE NUMBER.

TO:

705

710

MM/DD/YY

715

MM/YY

720

725

730

735

750

8

FROM:

805

810

815

820

825

830

835

TO:

805

810

815

820

825

830

835

9

FROM:

962

16061.00-2-99-789.0

960

0517007500901

L 8PJ1

481.83

TO:

905

910

IND

ID

AMOUNT

IND

ID

AMOUNT

IND

ID

AMOUNT

10

BACKUP INFORMATION

REMARKS

ONLINE FILE FOR AUDIT

SUBSTANTIATION IN REMARKS OR SEE ATTACHED

KEYED BY INITIALS

DATE

11

FOR THE APPOINTING POWER

CONCURRING APPOINTING POWER SIGNATURE(S):

SIGNATURE

DATE

PHONE

CONTACT PERSON

12 EMPLOYEE HISTORY (INFORMATION ONLY)

SOCIAL SECURITY #		EMPLOYEE LAST NAME		PRIOR LAST NAME		D. P. # 0126									
EFFECTIVE DATE		TRANS CODE	POSITION NUMBER	CLASS TITLE	RANGE	BASED ON SALARY RATE	ADD'L	PLUS SALARY	ADD'T DATA	CB ID	TIME BASE	COUNTY	ACCT CODE	EMPLOYMENT HISTORY	REMARKS
CURRENT STATUS		C				C16061.00*			NONE	M01	FT	34	0B		
08/18/25	A02	C				C16061.00*			NONE	M01	FT	34	0B		
07/01/25	GEN					C16061.00*			NONE	M01	FT		0B	PAY LTR 25-20	
07/01/25	350						*						0B	PAY LTR 25-18	
07/01/24	GEN					C15593.00			NONE	M01	FT		0B	PAY LTR 24-20	
07/01/23	GEN					C15139.00			NONE	M01	FT		0B		
07/01/23	505					C14698.00			NONE	M01	FT		0B	CALHR-MEM0-0723	
11/16/22	A01	C				C14698.00			NONE	M01	FT	34	2M	RPA #23-053	
07/01/22	GEN				F	13923.00			NONE	E99	FT		2M	EXEMPT PAYLTR	
07/01/21	GEN				F	13583.00			NONE	E99	FT		2M	EXEMPT PAYLTR	
07/01/21	350												2M	PAY LTR 21-18	
05/01/21	R01				F	12992.00*			NONE	E99	FT		2M	ADD CALPERS E-LV	
07/01/20	350				F		*						2M	PAY LTR 20-18	
07/01/19	GEN				F	12992.00			NONE	E99	FT		2M	EXEMPT PAYLTR	
01/31/19	126				F	12553.00			NONE	E99	FT		2M	PL LTR 19-005	
ADDITIONAL EMPLOYMENT HISTORY AVAILABLE															
ADDITIONAL ROSTER HISTORY AVAILABLE FROM PSD.															



Lump Sum Separation Pay Contribution Election Form

Return completed forms to your personnel specialist at least five (5) workdays (Monday through Friday, excluding Saturdays, Sundays and legal holidays) prior to your separation from service. **Note: Your election is irrevocable, and this form cannot be changed, amended or revoked once submitted to your HR Office.**

SECTION 1 — PARTICIPANT INFORMATION (REQUIRED)

Last name, First name, MI

Fong, Tom W

Mailing address

123 Awesome St

City, State, ZIP

Sacramento CA 95822

Personal telephone number

9168888888

Separation date (mm/dd/yyyy)

11/03/2025

Alternate contact telephone number

Please provide your personal email address so that your department can contact you.

TomFong@email.com

SECTION 2: STANDARD IRS CONTRIBUTION LIMITS — CURRENT TAX YEAR DEFERRAL (REQUIRED)

If the table to the right is incomplete or incorrect, we will process your deferral in the following order: 457(b) Pre-tax; 401(k) Pre-tax. The order of priority is the order in which you would like the funds to be allocated to the plan (e.g., 1st, 2nd, etc.)

For help completing this section, **refer to Section 2 on the worksheet**. Amounts entered in line 2.3 on the worksheet will be used for this section.

Use Section 3 of the worksheet to ensure that your allocation is aligned.

Standard deferral	Plan	REQUIRED Priority Order (1-4)	REQUIRED — Choose Amount <u>or</u> Max Contribution Amount	OR	Maximum IRS Limit
	457(b) Pre-tax	1	\$		☒
	401(k) Pre-tax	2	\$		☒
	457(b) Roth		\$		☐
	401(k) Roth		\$		☐

SECTION 3: CATCH-UP CONTRIBUTION — CURRENT TAX YEAR (REQUIRED)

If you are not using catch-up, please enter "0" in the table to the right. If the table is not completed, no catch-up contributions will be processed.

For help completing this section, **refer to Section 3 on the worksheet**. Amounts entered in line 3.6 on the worksheet will be used for this section.

Note: If utilizing Traditional Catch-Up, you **must** complete this table **and** attach a copy of your Traditional Catch-up approval Letter.

Use Section 3 of the worksheet to ensure that your allocation is aligned.

Catch-up deferral	Plan	REQUIRED Priority Order (1-4)	REQUIRED — Choose Amount <u>or</u> Max Contribution Amount	OR	Maximum IRS Limit
	457(b) Pre-tax	1	\$		☒
	401(k) Pre-tax	2	\$		☒
	457(b) Roth		\$		☐
	401(k) Roth		\$		☐

SECTION 4: STANDARD IRS CONTRIBUTION LIMITS — SECOND TAX YEAR (OPTIONAL)

This section is only authorized for individuals who separate in November or December and wish to defer into a second tax year. The order of priority is the order in which you would like the funds to be allocated to the plan (e.g., 1st, 2nd, etc.) If the table is incomplete or incorrect, we will process your deferral in the following order: 457(b) Pre-tax; 401(k) Pre-tax.

For help completing this section, refer to Section 4 on the worksheet. Amounts entered in line 4.2 on the worksheet will be used for this section.

Standard deferral	Plan	REQUIRED Priority Order (1-4)	REQUIRED — Choose Amount or Max Contribution Amount	OR	Maximum IRS Limit
	457(b) Pre-tax	1	\$		☒
	401(k) Pre-tax	2	\$		☒
	457(b) Roth		\$		☐
	401(k) Roth		\$		☐

SECTION 5: CATCH-UP CONTRIBUTION — SECOND TAX YEAR (OPTIONAL)

If you are not using catch up, please enter "0" in the table to the right. If the table is not completed, no catch-up contributions will be processed.

For help completing this section, refer to Section 5 on the worksheet. Amounts entered in line 5.9 on the worksheet will be used for this section.

Note: If utilizing Traditional Catch-Up for the second tax year, you **must** complete this table **and** attach a copy of your Traditional Catch-up approval letter.

Use Section 5 of the worksheet to ensure that your allocation is aligned.

Catch-up deferral	Plan	REQUIRED Priority Order (1-4)	REQUIRED — Choose Amount or Max Contribution Amount	OR	Maximum IRS Limit
	457(b) Pre-tax	1	\$		☒
	401(k) Pre-tax		\$		☐
	457(b) Roth		\$		☐
	401(k) Roth	2	\$		☒

SECTION 6 — ACKNOWLEDGMENT AND SIGNATURE (REQUIRED)

If you are unsure about the tax implications of your choices, you should consult a tax professional before completing, signing and submitting this form.

- I request a contribution of Lump Sum Separation Pay in accordance with my choice above, and pursuant to California and federal law. I take full responsibility for providing my request to my HR Office no later than five (5) workdays (Monday through Friday, excluding Saturdays, Sundays and legal holidays) prior to my separation date as required under California Labor Code sections 201(b) and 202(b) and understand the terms and conditions of deferring all or a portion of my Lump Sum Separation Pay. I have verified my request prior to submission.
- By signing here, I accept that if my table in Sections 2 and/or 3 is incomplete or incorrect, my Lump Sum Separation Pay may get defaulted into 457(b) first, then 401(k).
- I understand that if I allocate my funds into pre-tax plan(s) but are subject to provisions in Section 603 based on your prior year earnings, SCO will process your catch-up contribution(s) into a Roth 457(b) account.
- If applicable, I have attached a copy of my Traditional Catch-Up approval letter. NOTE: IF CLAIMING TRADITIONAL CATCH-UP, YOU MUST COMPLETE THE CATCH-UP TABLE(S) IN SECTION 2 AND/OR 3 AND ATTACH YOUR APPROVAL LETTER.
- I understand that if the value of the leave I have available is for an amount less than I have requested, my request will be reduced to the lesser amount. Please make sure you have an established 457(b) and/or 401(k) prior to submitting this form to ensure that the funds are promptly and appropriately distributed.
- I hereby certify under penalty of perjury that the information on this form is true and accurate to the best of my knowledge.

Any leave funds that are not directed to your Savings Plus account using this form, or any extra funds that remain after your plans reach the limit, will be paid directly to you upon separation from the State. Applicable taxes apply.

I understand that my election is irrevocable, and this form cannot be changed, amended or revoked once submitted to my HR Office.

Signature

Tom Fong

Date

10/05/2025



TOM FONG

Page 1 of 1

Date prepared

September 16, 2025

Questions?

Call 1-855-616-4776

Visit us online

www.savingsplusnow.com

Tom Fong
123 Awesome St.
Sacramento CA 95822

**Your Traditional
Catch-Up contribution
request has been
approved**

Your 457(b) Traditional Catch-Up contribution request has been received and approved.

Plan details

Plan name: STATE OF CALIFORNIA SAVINGS PLUS PROGRAM
Account number: 11026572

Understanding the details

In addition to the annual deferral limit, you are eligible for the following Traditional Catch-Up amount(s):

Contribution Year	Approved Catch-Up Amount
2025	\$23,500.00
2026	\$23,500.00
2027	\$0.00

Contribution amounts are limited by IRS annual deferral limits. **Please provide a copy of this letter to your payroll specialist to allow for the approved Traditional Catch-Up amounts.** If you are using Traditional Catch-Up as part of the deferral of your Lump Sum Separation Pay, this letter must be attached to your Lump Sum Separation Pay form and submitted to your payroll specialist.

We are here to help

If you have any questions or need additional information, contact the Savings Plus Solutions Center at 1-855-616-4776. Our Customer Service Representatives are available Monday-Friday 8:00 a.m. - 11:00 p.m. (ET).

PO BOX 182797, COLUMBUS, OH 43218-2797

Retirement Specialists are Registered Representatives of Nationwide Investment Svcs. Corporation, Member FINRA. Nationwide Mutual Insurance Company and Affiliated Companies, Home Office: Columbus, OH 43215-2220.

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NRN-1304CA-CA.5

SSN: 000-00-0000
NAME: T W FONG

2025 YEAR TO DATE TOTALS

PAGE 1

	FEDERAL	CALIFORNIA
GROSS	180233.21	180233.21
TAX GROSS	91765.52	91765.52
IDL/LC4800		
TAX WITHHELD	8432.57	2638.87
SS TAX GROSS	153996.60	
SS WITHHELD	9547.77	
MED TAX GROSS	153996.60	
MED WITHHELD	2232.99	
SDI TAX GROSS		
SDI WITHHELD		
OPEB TAX GRSS	124730.17	124730.17
OPEB EE WTHLD	3741.91	3741.91
FLEX DED	-1300.00	-1300.00
DEPEND CARE		
EPMC	12814.46	12814.46
EARN INC CRED		
FRINGE BNFT		
TSA-403B		

PF1=INQUIRY PF2=SUMMARY PF3=DETAIL PF6=REFRESH PF8=PG DN
0023 OUT OF 0023 RECORDS IN SELECTED RANGE USED FOR TOTALS.

SSN: 000-00-0000
NAME: T W FONG

2025 YEAR TO DATE TOTALS

PAGE 2

	FEDERAL	CA
DEF COMP 401K	31000.00	31000.00
DEF COMP 457B	47000.00	47000.00
DFCOMP 401KER		
035 ARR TX GR		
FD/ST ARR GRS		
BAS/BAQ		
LIFE INS		
MILEAGE		
MOVING EXP		
IDL COBEN		
HLTH BNFT		
ROTH 401K		
ROTH 457B		
ROTH 403B		

PF1=INQUIRY PF2=SUMMARY PF3=DETAIL PF6=REFRESH PF7=PG UP
0023 OUT OF 0023 RECORDS IN SELECTED RANGE USED FOR TOTALS.