

COVERSHEET – LUMP SUM SEPARATION PAR PACKAGE

- I. **TO:** State Controller's Office Date: 11/01/24
- II. **What type of PAR is in this PAR package? (select one):**
 PAR for cash only (when SCO must key)
 PAR for current tax year only with Savings Plus Contribution*
 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
*Current tax year contribution only; EE is not deferring any amount into the following tax year.
- III. **What is included in this PAR package? (select 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.)
- IV. **FROM:**
Agency: Name: State Controller's Office Agency Code: 051
Contact: Name: Joan Garibay Phone: 916-111-1111
Universal Email: SCOPersonnelTransactions@sco.ca.gov
- V. **EE's:** SSN: 111-11-9999
EE's: Name: Tom Fong
- VI. **Message:**
Employee selected custom deferral option with 457 traditional catch-up approval attached.

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 NUMBER	OF
DOCUMENT PROCESSING NUMBER	ROUTE TO DEPARTMENT OF
010 0080	016 CONTROLLER

SCD-680 (REV. 10) 07/17/24 PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS

FROM	111-11-9999	FONG	TOM	051 100 7500 999	000 S01 34	03/01/70	S01
TO:	105	110	111	120 121 122 123	124 126 130 135	140 MCDY	142

FROM	TRANSACTION CODE	07/01/24	EMPLOYMENT HISTORY REMARKS	ESTABLISHED EARNINGS	ESTABLISHED EARNINGS
TO:	S70	12/01/24		IND ID	IND ID

FROM	9990.00	M	M	9990.00	MAX	2
TO:	305 9990.00	310	315	320	325	330

FROM	FT	P	E190000	9	1	10/31/18	1	M
TO:	400	410	415	416	425	426	430	435

FROM	0B	MIS	NO	YES	8.50	X	ONFILE	ONFILE	PROFESSIONAL LICENSE	JOB INCURRED INJURY
TO:	505	515	520	525	530	535	540	545	550	555

FROM	22	000:00								
TO:	600	605	610	615	620	625	630	635	640	645

FROM	109	12/15/14	INTERMITTENT DATES AND HOURS	SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOY LIST ELIG	MC WAVE NUMBER
TO:	705	710	715	720	725	730	735	740

FROM			871.06					
TO:	888	0873						

FROM								
TO:	999	See Remarks						

BACKUP INFORMATION	REMARKS	KEPT BY INITIALS	DATE
<input type="checkbox"/> ONLINE FILE FOR AUDIT	See Election Form First Tax Year PAR		
<input checked="" type="checkbox"/> SUBSTANTIATION IN REMARKS OR SEE ATTACHED			

FOR THE APPOINTING POWER

FOR AGENCIES IN STATE PAYROLL SYSTEM: THE FOREGOING ADDITIONS TO, DELETIONS FROM, OR CHANGE IN THE ORIGINAL PAYROLL ROSTER OF THE HEREIN NAMED STATE AGENCY ARE TRUE, CORRECT, AND IN ACCORDANCE WITH LAW. AS MODIFIED TO DATE BY PAYROLL ROSTER CHANGES FILED WITH THE STATE CONTROLLER TO AND INCLUDING THE WITHIN SAID ORIGINAL PAYROLL ROSTER IS TRUE, CORRECT AND IN ACCORDANCE WITH LAW. ALL PERSONS ADDED TO THE PAYROLL ROSTER OR WHOSE STATUS IS MODIFIED BY THIS PAYROLL ROSTER CHANGE WERE EMPLOYED IN APPROVED ESTABLISHED POSITIONS ANY DATA REQUIRED BY SECTIONS 3100-3109 OF THE GOVERNMENT CODE HAS BEEN TAKEN AND IS ON FILE IN THE EMPLOYEE'S OFFICIAL FILE. PAYMENT BY THE STATE WHEN REQUIRED UNDER SECTIONS 22825 AND 22827 THROUGH 22829 INCLUSIVE, OF THE GOVERNMENT CODE IS HEREBY APPROVED. ATTENDANCE DATA STATED HEREIN IS CORRECT, COMPLETE AND IN ACCORDANCE WITH ALL LAWS AND REGULATIONS.

SIGNATURE: Joan Garibay DATE: 11/02/24 PHONE: 916-111-1111 CONTACT PERSON: Joan Garibay

CONCURRING APPOINTING POWER SIGNATURE(S):

12 EMPLOYEE HISTORY (INFORMATION ONLY)

SOCIAL SECURITY #	EMPLOYEE LAST NAME	PRIOR LAST NAME	D.P.#								
111-11-9999	FONG		0080								
EFFECTIVE DATE	TRANS CODE	POSITION NUMBER	CLASS TITLE	BASED ON SALARY RATE	PLUS SALARY	ADD'T DATA	CR ID	TIME BASE	COUNTY	ACCT CODE	EMPLOYMENT HISTORY REMARKS
CURRENT STATUS	P	051-100-7500-999	CEA	9990.00		MAX S01FT		34	0B		PAY LTR 24-20
07/01/24	GEN					MAX S01FT			0B		PAY LTR 24-20
07/01/23	SAL					MAX S01FT			0B		PAY LTR 23-44
07/01/23	GEN					MAX S01FT			0B		
07/01/23	505					MAX S01FT			0B		CALHR-MEMO-0723
07/01/22	GEN					MAX S01FT			2M		PAY LTR 22-14
07/01/21	GEN					MAX S01FT			2M		PAY LTR 21-19
07/01/21	350					MAX S01FT			2M		PAY LTR 21-18
05/01/21	R01					MAX S01FT			2M		ADD CALPERS E-LV
11/01/20	MSA					MAX S01FT			2M		
07/01/20	SAL					1120S01FT			2M		PAY LTRS 20-21 &
07/01/20	350								2M		PAY LTR 20-18
10/31/19	MSA					1120S01FT			2M		
07/01/19	GEN					1119S01FT			2M		PAY LTR 19-12
01/31/19	126					1119S01FT			2M		PL LTR 19-005

ADDITIONAL EMPLOYMENT HISTORY AVAILABLE

ADDITIONAL ROSTER HISTORY AVAILABLE FROM PSD.

ROUTE TO PERSONNEL SERVICES

SSN ACTUAL BASED ON TOTAL TIMEBASE

LAST FONG FIRST



For Questions call 1-855-616-4776 or visit savingsplusnow.com/lumpsum

Return completed forms to your personnel specialist

Lump Sum Separation Pay Contribution Election Form

Submit this completed form to your personnel office at least 30 days prior to separation from service. Be sure to keep a copy for your records.

Note: Your election is irrevocable, and this form cannot be changed, amended, or revoked once submitted to your personnel office.

SECTION 1: PARTICIPANT INFORMATION	Last Name, First Name, MI	
	Fong, Tom	
	Mailing Address	
	123 Controller Lane	
	City, State, ZIP	Daytime Telephone Number
	Sacramento	916-111-1234
Separation Date (mm/dd/yyyy)	Date of Birth (mm/dd/yyyy)	
12/01/2024	03/01/1970	
Please provide your personal email address so that your department can contact you.		
TomFong@email.com		

Select a box below to indicate how you would like your Lump-Sum Separation Pay processed. **If no box is selected, your Lump-Sum Separation Pay contribution will automatically be processed using Option 1 below.** If the projected amount exceeds standard contribution limits, consider applying for Traditional Catch-Up.

SECTION 2: ELECTION REQUEST

Full Deferral Option: I would like to have 100% of my Lump-Sum Separation Pay processed according to the default hierarchy, in the following order: (1) Current year 457(b) pre-tax, (2) current year 401(k) pre-tax, and if applicable, (3) following year 457(b) pre-tax and (4) following year 401(k) pre-tax. **If you check this box, please move to Section 4.**

Custom Deferral Option: I would like to contribute a partial amount, and/or customize my Lump-Sum Separation Pay contribution as shown in Section 3 below. **Note: If Section 3 is left blank, 100% of your Lump Sum Separation Pay will be processed according to the default hierarchy listed above.**

SECTION 3: LUMP-SUM SEPARATION PAY ALLOCATION

Write the amount you wish to contribute to your Savings Plus account from your Lump-Sum Separation Pay in the relevant boxes below. Only one form is needed if contributing across two tax years.

The order of priority is the order in which you would like the funds to be allocated to your plan.

Note: If you do not know the amount of your accumulated leave time, **write in the maximum dollar amount allowable for each plan year that applies to you.** If you are using Traditional Catch-Up, or age-based catch-up, include the allowable amount in the totals below.

Plan Year 1		
2024	Amount	Priority
457(b) Pre-tax	38,950	1
457(b) Roth		
401(k) Pre-tax	25,950	2
401(k) Roth		

Plan Year 2 Complete this table only if retiring in November or December		
2025	Amount	Priority
457(b) Pre-tax	39,000	1
457(b) Roth		
401(k) Pre-tax	26,000	2
401(k) Roth		

Any leave funds not specifically allocated to your Savings Plus account based on this form, or any funds that remain after maxing out your plans, will be cashed out to you upon separation from the state. Applicable taxes may apply.

SECTION 4: ACKNOWLEDGMENT & SIGNATURE

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 personnel office no later than five (5) workdays prior to my separation date 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. **I acknowledge that my election is irrevocable. I understand that my election is irrevocable once signed and submitted to my personnel office, this form cannot be changed, amended, or revoked.**

If applicable, I have attached a copy of my Traditional Catch-Up Approval Letter.

I understand that if the value of the leave I have available to transfer is for an amount less than I have requested, my request will be reduced to the lesser amount. The contributions will be processed in the order indicated in Section 3. If no preference is provided in Section 3, it will be processed based on the following hierarchy: (1) Current year 457(b) pre-tax, (2) current year 401(k) pre-tax, and if applicable (3) following year 457(b) pre-tax, and (4) following year 401(k) pre-tax. Please make sure you have an established 457 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.

Signature <i>Tom Fong</i>	Date 10/25/24
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Personnel Office Use Only - Refer to SCO personnel letters applicable to Lump-Sum Separation Pay for instructions on completing the separation PAR. Attach this request with a copy of the separation PAR and, if applicable, the Traditional Catch-Up Approval Letter from the employee. Retain a copy with the employee file. Do not submit a copy to Savings Plus.

California Department of Human Resources Privacy Notice on Information Collection (rev. 7/16) - This notice is provided pursuant to the Information Practices Act of 1977. The California Department of Human Resources (CalHR) Savings Plus Program is requesting the information specified on this form pursuant to California Government Code Sections 19993 and 19999.5. The information collected will be used for identification of your account and will be disclosed to the Savings Plus Administrative Services Provider (Nationwide) for processing of your request as indicated on the form. Individuals should not provide personal information that is not requested or required. The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, CalHR will not be able to process the action(s) indicated on the form as requested.

Department Privacy Policy - The information collected by CalHR is subject to the limitations in the Information Practices Act of 1977 and state policy. For more information on how we care for your personal information, please read our Privacy Policy at calhr.ca.gov/pages/privacy-policy.aspx.

Access to Your Information - The CalHR Privacy Officer is responsible for maintaining collected records. You have a right to access records containing your personal information that we maintain. To request access, contact: CalHR Privacy Officer, 1515 S Street 400N, Sacramento, CA 95811 / (916) 324-0455 / CalHRPrivacy@calhr.ca.gov



DANIEL E KIEFER
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Date prepared
Questions?
Visit us online

Call 855-616-4776
Go to savingsplusnow.com to learn
about our products, services and
more.

Tommy Fong
123 Controller Lane
SACRAMENTO, CA 95822



**Your traditional
catch up
contribution request
has been approved**

Dear Tommy Fong

Your 457(b) traditional catch up contribution request has been received and approved.

Plan details

Plan name: State of California Savings Plus 457(b)
Account number: 999-9999999

Understanding the details

In addition to the annual deferral limit, you are eligible for the following traditional catch up amount(s):

Approved Catch Up Amount	Contribution Year
\$19,500.00	2024
\$19,500.00	2025

Access your
information online
Register for the online
service center at
savingsplusnow.com

We are here to help

If you have any questions or need additional information, contact the Savings Plus Service Center at (855) 616-4776. Our customer service representatives are available Monday through Friday, 5 a.m. to 8 p.m. PT.