

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 0081	016 CONTROLLER

XX SCO-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	142	
	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	POSITION UNIT	CLASS	SERIAL	DEPT CODE	GR ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID

FROM	07/01/24												
TO:	206	210	215	351									
	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID

FROM	9990.00	M	M	9990.00				MAX			2		
TO:	306	310	315	320	321	325		330	335	340	345	350	355
	ACTUAL RATE	SALARY PER	PAY FREQ	RATED ON SALARY	GSI CODE	PLUS SALARY	EXPIRATION DATE OF RUS SALARY	ANNUITY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHEET DIFF	SPECIAL PAY	WWG

FROM	FT	P			E190000	9	1	10/31/18	1		M	
TO:	406	410	415	416	425	426	430	435	435	440	445	455
	TIME BASE	APPT TENURE	# MO'S	APPOINTMENT DATE	CERT #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING DATE	CODE	MCR APPROVAL DATE	SEX	ETHNIC ORIGIN

FROM	0B		MIS	NO	YES	8.50		X	ONFILE	ONFILE		
TO:	506		515	520	525	530	535	540	550	555	560	565
	ACCOUNT CODE		SAFETY MEMBER	SURVIVORS BENEFITS	SSMED	RETIREMENT RATE(%)	EXEMPT AUTHORITY	NON-CATH CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE

FROM												
TO:	600	605	610	615	620	625	630	635	640	645	650	655
	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY MMED	LUMP SUM TO PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS

FROM	109	12/15/14										
TO:	705		710									
	TOTAL STATE SERVICE MO'S	AS OF	INTERMITTENT DATES AND HOURS	THRU	THRU	THRU	THRU	SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOY LIST ELIG	MCR WAVE NUMBER

FROM					871.06							
TO:	805		810		815		820		825		830	

FROM													
TO:	905												
	960	051-100-7500-999	999	See Remarks	IND	ID	AMOUNT	IND	ID	AMOUNT	IND	ID	AMOUNT

BACKUP INFORMATION	REMARKS	KEYED BY INITIALS	DATE
<input type="checkbox"/> ONLINE FILE FOR AUDIT	See Election Form Second 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 EMPLOYEES 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

12 EMPLOYEE HISTORY (INFORMATION ONLY)

SOCIAL SECURITY #	111-11-9999	EMPLOYEE LAST NAME	FONG	PRIOR LAST NAME		D.P.#	0080					
EFFECTIVE DATE	HOURS	TRANS CODE	POSITION NUMBER	CLASS TITLE	BASD ON SALARY RATE	PLUS SALARY	ADD'D DATA	CS TO	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		

SECTION 2: ELECTION REQUEST	<p>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.</p> <p>If the projected amount exceeds standard contribution limits, consider applying for Traditional Catch-Up.</p>
	<p><input type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> 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.</p>

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.