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Issuing Office: [General Accounting Division](#)

EXHIBIT C

RELEASE FORM

To Be Signed by Recipient of Damage Payment

I, _____, hereby accept in complete satisfaction of any and all claims I may have against The Regents of the University of California on account of services performed by me during the period from _____ through _____ the sum of \$_____, it being understood, however, that a further claim may be presented to the extent of any uncompensated range adjustment which may be subsequently determined to exist and apply.

Signed: _____

Witness: _____

Original: Payroll
Copy: Employee