RELASE OF ALL CLAIMS

Upon receipt of payment of SPELL OUT THE DOLLAR AMOUNT DOLLARS_____($ENTER THE NUMERIC AMOUNT), ENTER THE FULL NAME OF THE EMPLOYEE does hereby, and for his/her heirs, executors, administrators, and successors, agree to release and discharge the State of California, its officers, agents, and employees from any and all liability arising from and under the matters recited in his/her out-of-class claim filed with the Department of Personnel Administration, and from any and all claims and demands which he/she now has or may hereafter have against the State of California, or any officer, agent, or employee thereof for damages of any nature arising out of the matters alleged in his/her claim.

This release has been read by the undersigned, is understood and has been freely and voluntarily entered into, without any promises of inducement not herein expressed. Executed on this _____ day of _____, _____.

_____

Claimant's Signature Date

****

(Supervisor's Verification of Signature)

I hereby swear that the above affixed signature is that of the claimant who is personally known to me and whose signature was executed in my presence this _____ day of _____, _____.

_____

Supervisor's Signature Date

_____

Title

_____

Work Location