

**CALIFORNIA INSTITUTE OF TECHNOLOGY
SEPARATION NOTICE AND BENEFITS
FOR
ELIGIBLE GRANT-FUNDED EMPLOYEES**

Date of notice: _____

Name: _____

Your employee ID number: _____

Your position: _____

Your Layoff Effective Date: _____

Your last day at work: _____

Final paycheck: The Institute will issue your final paycheck, which will include your base wages and payment for all unused, accrued vacation through your Layoff Effective Date by: _____. (The Institute will take required withholding and other authorized payroll deductions from this payment.)

Vacation and sick leave accrual: You will accrue vacation and sick leave in accordance with the Institute’s policy through your Layoff Effective Date.

Your last day to return all Institute property: _____

Note: This includes badges, P-card, computers, passwords, phones, tools, keys, books and other Institute property assigned to you.

Group Health Plan Coverage: *If you are eligible for and timely elect group health plan continuation coverage* under COBRA (or Cal-COBRA), the Institute will pay a portion of the COBRA premium for you and your eligible dependents through the “COBRA Payment Period,” which is the earlier of (1) the date you become eligible for health coverage from another employer, or (2): for employees who have completed one year of service, the employer contribution will continue for one month for each year worked, not to exceed six months.

Notes to you:

- Details on COBRA enrollment can be found [here](#). During the COBRA Premium Period, the Institute will pay the same portion of the premium cost that it paid under the level of coverage that was in effect for you on your Layoff Effective Date for one month for each year worked, not to exceed six months.
- You will be responsible for paying the full amount of the premium for any coverage after COBRA Payment Period ends.

- You must notify the benefits office at Campus or JPL as soon as you commence other employment that provides health coverage.
- If you timely elect continued group health plan continuation coverage under COBRA and at any time thereafter the Institute determines, in its sole discretion, that it cannot provide the COBRA premium benefits without potentially incurring financial costs or penalties under applicable law, then in lieu of paying the employer portion of the COBRA premiums on your behalf, the Institute will instead pay you on the last day of each remaining month of the COBRA Payment Period a fully taxable cash payment equal to 110% of your portion of the COBRA premium for that month, subject to applicable tax withholding, until the COBRA Payment Period ends.

Unreimbursed business expenses: The Institute will reimburse you for all reasonable, authorized business expenses that you timely submit in accordance with the Institute's policy.

Employment verification: You should direct all employment verification inquiries to Human Resources at Campus: hrinfo@caltech.edu and JPL via the Work Number, www.theworknumber.com or 1-800-660-3399 (JPL employer code 16552).

Other Notices:

Impact of Accepting Another Position with the Institute or with a Subcontractor of the Institute: If you accept another position (or have been offered another position) at the Institute or with a sub-contractor of the Institute prior to your Layoff Effective Date, the notice and benefits set forth above will no longer apply to you. A comparable position is a position that is at the same or greater grade, pay, and location as the position that was eliminated, as determined by the Institute in its sole discretion.

Non-Duplication of Benefits. If you are entitled to any benefits upon layoff other than those provided in this Notice, you will be entitled to benefits under this Notice only to the extent they are more favorable from a present value perspective than the benefits to which you are entitled by law or under another agreement.