



DESIGNATION OF BENEFICIARY
WAGE PAYMENTS OWED TO
DECEASED EMPLOYEE

This form permits you to name beneficiaries of your final pay and unused annual and bonus leave hours owed to you in the event of your passing. If you have named more than one person, all named below will receive an equal share not to exceed 100% of your final pay and leave unless you have specifically provided otherwise.

WAGES/SALARIES OWED TO DECEASED EMPLOYEE

Name	Relationship	Date of Birth	Percentage
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Current Address

Phone Number

Name	Relationship	Date of Birth	Percentage
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Current Address

Phone Number

Name	Relationship	Date of Birth	Percentage
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Current Address

Phone Number

I hereby certify that the answers to the foregoing questions are true and correct to the best of my knowledge, information, and belief.

Witness Signature (Staff Employee)
Date: _____

Signature of Employee
Date: _____