



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## AFFIDAVIT OF DESIGNATION TO RECEIVE WARRANTS

In the event of my death, I designate \_\_\_\_\_  
*Name of Designee*

my \_\_\_\_\_, of \_\_\_\_\_  
*Relationship Address City State Zip*

to receive any and all warrants or check that would have been payable to me had I survived.

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name As It Appears On Payroll*

### FOR HUMAN RESOURCES USE ONLY

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

\_\_\_\_\_  
*Human Resources*