



Human Resources Division

WARRANT RECIPIENT DESIGNATION

IN THE EVENT OF YOUR DEATH, SALARY OR OTHER MONIES MAY BE OWED TO YOU AS AN EMPLOYEE OF OUR DISTRICT. THE FORM BELOW PERMITS RELEASE OF ANY WARRANTS (CHECKS) TO A PERSON YOU DESIGNATE. THIS CAN OFTEN GREATLY ASSIST IN FAMILY STRESS OR FINANCIAL NEED. PLEASE COMPLETE THE FORM AND RETURN IT TO THE DISTRICT'S CLASSIFIED PERSONNEL OFFICE.

AS PROVIDED IN SECTION 53245 OF THE CALIFORNIA GOVERNMENT CODE, IN THE EVENT OF MY DEATH, I HERE BY (DESIGNATE) TO RECEIVE ANY AND ALL WARRANTS PAYABLE TO ME:

PLEASE PRINT OR TYPE

DESIGNEE NAME:			RELATIONSHIP:	
ADDRESS:	NUMBER	STREET		
	CITY	STATE	ZIP CODE	
(AREA CODE) TELEPHONE		(AREA CODE) CELLULAR		

THIS DESIGNATION FORM CANCELS AND REPLACES ANY PREVIOUSLY SIGNED DESIGNATION FORM FOR THIS PURPOSE AND SHALL REMAIN IN EFFECT UNTIL CANCELLED BY ME IN WRITING. IT IS UNDERSTOOD AND AGREED THAT THE SCHOOL DISTRICT/AGENCY IS NOT OBLIGATED TO DELIVER SAID WARRANTS TO THE DESIGNEE UNLESS THE DESIGNATED PERSON CLAIMS SUCH WARRANTS FROM THE SCHOOL DISTRICT AND PROVIDES SUFFICIENT PROOF OF IDENTITY. A PERSON SO DESIGNATED MAY NEGOTIATE THE WARRANT(S) AS IF THE PAYEE.

EMPLOYEE'S NAME
(PRINT OR TYPE)

DATE: ____/____/____

SIGNATURE

TO KEEP YOUR PERSONAL INFORMATION UPDATED, THIS FORM IS AVAILABLE AT ANY TIME TO EMPLOYEES.

RETURN TO THE CLASSIFIED PERSONNEL OFFICE WHEN COMPLETED.