

Yolo County

OFFICE OF EDUCATION

DATE:

TO: EMPLOYEES

FROM: PERSONNEL OFFICE

SUBJECT: **DECEASED – WARRANTS** (checks)

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 immediate release of any warrants (checks) to a person you designate. This designation can often greatly assist in a time of family stress and financial need. Please complete the form and return it to your *district personnel office*.

WARRANT RECIPIENT DESIGNATION

As provided in Section 53245 of the California Government Code, in the event of my death, I hereby designate the following person (designee) to receive any and all warrants payable to me.

Name of DESIGNEE _____ Relationship _____

Address _____ City _____ State _____ Zip _____

This designation form cancels and replaces any designation previously signed for this purpose and shall remain in effect until cancelled in my 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.

School District/Agency _____

EMPLOYEE NAME _____ DATE _____

Print

Signature _____

Return to DISTRICT PERSONNEL OFFICE when completed

Form # PR018

Revised 05/21

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