



Lemoore Union Elementary School District

DESIGNATION OF PERSON TO RECEIVE WARRANTS OR CHECKS UPON THE DEATH OF AN EMPLOYEE

I _____, hereby designate, upon my death, the following person to receive all warrants or checks which would have been payable to me had I survived, pursuant to Government Code Section 53245.

Name of Designated Person: _____

Address: _____

Relationship: _____ Telephone: _____

In case the Primary Designee is deceased, I name the following as a Secondary Designee:

Name of Designated Person: _____

Address: _____

Relationship: _____ Telephone: _____

The persons so named shall receive any warrants or checks payable to me upon my death notwithstanding any other provisions of law.

This designation hereby revokes and stands in place of any and all other previous designations.

Dated: _____ Signature: _____

Printed Name: _____

I do not wish to designate any person to receive warrants pursuant to Government Code Section 53245.

Dated: _____ Signature: _____

Completed form should be returned to the Payroll Department at the District Office