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Superintendent

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Executive Assistant

DESIGNATION OF BENEFICIARY PAY WARRANT

As provided in Section 53245 of the California Government Code, in the event of my death. I hereby designate the following person to receive all warrants or checks that will be payable to me from the Newman-Crows Landing Unified School District (NCLUSD).

FROM: _____
Employee Name Social Security Number

TO: Payroll- NCLUSD

RE: Designation of person to receive and negotiate warrants after death under Government Code Section 53245.

BENEFICIARY #1

Name Birthdate (for identity):

Address City State Zip

If the person indicated above predeceases me, I hereby designate the following person as a second beneficiary:

Name Birthdate (for identity):

Address City State Zip

The designation form cancels and replaces any designation previously filed for this purpose and shall remain in effect until cancelled in my writing.

On sufficient proof of identity, the appointing power shall release the warrants or checks to the above designee. The designee who receives a warrant or check is entitled to negotiate as if the payee

Employee Name: _____
(Please Print)

Signature: _____ Date: _____

Board of Trustees

Janice Conforti, President • Paul Wallace, Clerk • Tim Bazar • RoseLee Hurst • Vern Snodderly
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