



Human Resource Services Check Release Form

As provided in Section 53245 of the California Government Code, I hereby designate the following person(s) to receive any and all compensation due to me upon my death:

Designees must be at least eighteen years of age.

First Designee:

Name _____ Relationship _____

Social Security # _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Or, in the event of the death of First Designee:

Second Designee:

Name _____ Relationship _____

Social Security # _____ Phone # _____

Address _____

City _____ State _____ Zip _____

This designation form cancels and replaces any designation previously signed for this purpose and shall remain in effect until I cancel or change in writing.

Employee Signature

Date

Print Name

Social Security Number

- Administrator Classified F/T Faculty P/T Faculty
 Student Temporary