

CITY COLLEGE OF SAN FRANCISCO FINAL PAY RECIPIENT DESIGNATION

Check One:

- NEW DESIGNATION
- REPLACES PREVIOUS DESIGNATION
- DECLINES TO DESIGNATE A DESIGNEE (Do Not Complete Section 2)

1 - EMPLOYEE INFORMATION

PLEASE PRINT OR TYPE.

Employee Number	NAME (Last Name, First Name, MI)	DEPT

Mailing Address

Street Address/Box/Apt.	City	State	ZIP

2 - DESIGNEE INFORMATION - Do Not Designate Yourself

NOTE: THIS DESIGNATION DOES NOT APPLY TO RETIREMENT BENEFITS OR EMPLOYER PAID LIFE INSURANCE

Under the provision of Section 53245 of The California Government Codes, in the event of my death I hereby designate the following person to be entitled to receive all remaining PAYROLL funds payable to me by the City College of San Francisco had I survived to:

NAME (Last Name, First Name, MI)	Social Security #	Phone Number

Mailing Address

Street Address/Box/Apt.	City	State	ZIP

3 - EMPLOYEE APPROVAL

This designation shall remain in effect until canceled in writing by me. It is expressly understood and agreed that City College of San Francisco is not obligated to deliver final payroll funds to the person designated, within two years after the date the final payroll funds are issued unless the designated recipient provides to City College of San Francisco-Payroll Department, sufficient proof to identify pursuant to the provisions of Section 53245 of California Government Code.

X _____
EMPLOYEE SIGNATURE

DATE

Employee Instructions

Purpose of this Form

This form is used to designate the person you want to receive any payroll funds owed to you in the event of your death while employed with City College of San Francisco. Doing this makes it easier for the person you designate to receive pay owed to you after your death. Do not designate yourself.

If you don't wish to designate someone, you must still fill out the form. If you decline to designate a designee, payroll money due at the time of death must then be administered under California Probate Code, which will delay distribution of funds for at least forty (40) days.

Note: This form affects payroll money only it does not affect retirement benefits, or employer paid life insurance.

How to Fill out the Form

Top of Form: Make sure you check on of the boxes at the top of the form.

- New Designation - Check this box if initial designation
- Replaces Previous Designation - Check this box if you have already designated someone and wish to designate a different person.
- Declines to Designate a Designee - Check this box if you do not wish to designate anyone

Section 1: This section must be filled out **even if you are not designating anyone.**

Section 2: To designate someone: print his/her name, Social Security Number, phone number and complete mailing address. (You may designate only one person. If you designate more than one person, the form will be returned to you).

Section 3: Be sure to sign and date the form, whether you are designating someone or not.

Submitting the Form

Submit the completed form to CCSF's Payroll Office. The original will be kept in your payroll file.