

# Long Beach Community College District Fiscal Operations

**To:** All Employees  
**From:** Payroll Department  
**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 the person you designate. This can often greatly assist in time of family stress or financial need. Please complete the form and return it to the Payroll Department, LAC, Room N108.

## 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/s (designee) to receive any and all warrants payable to me.

### Designee #1

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip Code

**OR, in the event of the death of Designee #1,**

### Designee #2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip Code

**PLEASE NOTE:** 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 Long Beach Community College District (LBCCD) is not obligated to deliver said warrants to the designee unless the designated person claims such warrants from LBCCD within two years after the date of the Warrant, and provides sufficient proof of identity. A person so designated may negotiate the warrant(s) as if the payee.

EMPLOYEE NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Please Print

EMPLOYEE SIGNATURE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

Please check one of the following: ACADEMIC EMPLOYEE \_\_\_\_\_ CLASSIFIED EMPLOYEE \_\_\_\_\_

*Please Return Completed Form to the Human Resources Department, LAC, Room V104*

Revised 11/22/02