COUNTY OF COLUSA DESIGNATION OF PERSON AUTHORIZED TO RECEIVE WARRANTS (Government Code Section 53245)

Check One:						
□ DECLINES T (Failure to des	NATION PREVIOUS DESIGN O DESIGNATE A Dignate an individual ounder the California Pr	ESIGNEE - r trust will res	ult in payroll money	due at time	of death being	
SECTION 1 – EMPLOYEE INFORMATION						
Name – Last	First	M.I	Social So	Social Security Number		
Mailing Address	- Street Address/P.O.	Box City	State	Zip		
SECTION 2 – DESIGNEE INFORMATION						
NOTE- THIS DESIGNATION DOES NOT APPLY TO RETIREMENT BENEFITS						
Under the provisions of Section 53245 of the Government Code in the event of my death, I hereby designate the following person to be entitled to receive all payroll warrants payable to me by the County of Colusa had I survived:						
Name – Last	First	M.I.	Social Security N	lumber	Phone Number	
					*	
Mailing Address -	- Street Address/P.O.	Box City	State	Zip		
SECTION 3 – EMPLOYEE APPROVAL						
This designation cancels and replaces any previously signed by me for this purpose and shall remain in effect until canceled in writing by me. It is expressly understood that the County of Colusa is not obliged to deliver said warrant to the person designated herein unless said designated person, within one year after the date of said warrant or warrants, claims said warrants from the Auditor/Controller of the County of Colusa and provides to said Auditor/Controller sufficient proof to identify pursuant to the provisions of Section 53245 of the California Government Code.						
EMPLOYEE SIG	NATURE			DATE		

ORIGINALS (2): PAYROLL, HUMAN RESOURCES

EMPLOYEE INSTRUCTIONS

Purpose of this form-

This form is used to designate the person you want to receive any payroll money (also called "warrants") owed to you in the event of your death. Doing this makes it easier for the person you designate to receive pay owned to you after your death.

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

NOTE: This form affects payroll money only; it does not affect retirement benefits.

How to fill out this form-

Top of the form: Make sure you check one of the boxes at the top

- New Designation- check this box when and if you first wish to designate someone
- Replaces Previous Designation- check this box if you have already designated someone you wish to designate a different person
- <u>Declines To Designate A Designee</u>- 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 their full name (i.e. Mary Jane Smith, not Mrs. John E. Smith), Social Security number, phone number, and complete mailing address. (You may designate only one person.)
- Section 3: Be sure to sign and date the form in ink (whether you are designating someone or not).

Submitting the form-

Submit two signed originals of this form to the Human Resources (HR) Department. The documents will be kept in you personnel and payroll files.

Verify that the form is complete and correct. No erasures or corrections may be made in the writing of the name of the designee. If any error has been made, complete a new set of forms.

You may change your designation at any time by completing two new forms with the HR Department. Inform the HR Department when a change in your designee's address occurs, so that new forms can be completed.

You may wish to file a new designation upon any change in your marital status.