

EL MONTE UNION HIGH SCHOOL DISTRICT
3537 Johnson Avenue
El Monte, CA 91731

WARRANT RECIPIENT DESIGNATION

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 to a person (18 years of age or older) you designate. This can often greatly assist in a time of family stress or financial need. Please complete the form and return it to Human Resources.

As provided in Section 53245 of the California Government Code, in the event of my death, I hereby designate the following person (designee) to receive any and all warrants payable to me by the El Monte Union High School District:

Full Legal Name of DESIGNEE: _____

Relationship to Employee: _____

Home Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

This designation form cancels and replaces any designation previously signed for this purpose and shall remain in effect until cancelled by my writing. It is understood and agreed that the school district/agency is not obligated to deliver said warrants to the designee unless the designated person claims such warrants from the school district and provides sufficient proof of identity. A person so designated may negotiate the warrant(s) as if the payee.

Employee Name: _____

Employee Signature _____

Date: _____

Social Security or EID #: _____