



1500 N. Verdugo Rd
Glendale, CA 91208
818-240-1000 x5921

Office of Human Resources Warrant(s) Recipient Designation

As provided in Section 53245 of the California Government Code, in the event of my death, I hereby designate the following named person to receive any and all warrants payable to me issued by the Glendale Community College District.

Beneficiary Information

TYPE OR PRINT FULL NAME OF DESIGNEE	RELATIONSHIP TO EMPLOYEE
ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)	PHONE NUMBER

Contingent Beneficiary Information

IF THE BENEFICIARY NAMED ABOVE IS NOT LIVING THEN PAY:	RELATIONSHIP TO EMPLOYEE
ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)	PHONE NUMBER

This designation form cancels and replaces any designation previously signed for this purpose and shall remain in effect until cancelled in writing by me.

It is expressly understood and agreed that the college district is not obligated to deliver said warrants to the person designated above unless the designated person claims such warrants from the college district and provides the college district sufficient proof of identity.

TYPE OR PRINT FULL NAME OF EMPLOYEE

SIGNATURE OF EMPLOYEE

LAST FOUR (4) DIGITS OF SS#

DATE SIGNED