Office of the Superintendent

4465 Ninth Street, P.O. Box 788 Guadalupe, CA 93434-0788 (805) 343-2114 □ Fax: (805) 343-6155

- TO: All Employees (Certificated/Classified – Full-Time & Part-Time)
- **FROM:** Ed Cora, District Superintendent

SUBJECT: DESIGNATION OF A PERSON TO RECEIVE WARRANTS IN THE EVENT OF THE DEATH OF AN EMPLOYEE

DATE: August 2017

In the event of the death of an employee, if any monies are due to the employee, probate laws apply which may cause a delay in a beneficiary receiving the monies. However, the process can be greatly simplified if the employee has filed a "Warrant Recipient Designation" form.

Government Code 53245 provides that an employee can designate, in the event of their death, a person to receive any and all warrants payable to the employee.

GOVERNMENT CODE ARTICLE 2.7 – SALARY WARRANTS AND CHECKS

533245. Death of Employee, Designation of Person to Receive Warrants or Checks

Any person now or hereafter employed by a county, city, municipal corporation, district, or other public agency may file with his appointing power a designation of a person who, notwithstanding any other provision of law, shall, on the death of the employee, be entitled to receive all warrants or checks that would have been payable to the decedent had he survived. The employee may change the designation from time to time. A person so designated shall claim such warrants or checks from the appointing power. On sufficient proof of identity, the appointing power shall deliver the warrants of checks to the claimant. A person who receives a warrant or check pursuant to his section is entitled to negotiate it as if he were the payee.

Please complete the form on the reverse side and return it to the district office so it may be kept on file. If you have any questions, please feel free to call the district office.

Guadalupe Union School District

~~~ WARRANT RECIPIENT DESIGNATION FORM ~~~

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:

Name of Designee:	
Relationship of Designee to Employee:	
Address of Designee:	Street:
	Mailing Address:
	City:
	State:
	Zip Code:

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 expressly understood and agreed that the Guadalupe Union School District is not obligated to deliver said warrants to designee unless the person claims such warrants from the school district and provides sufficient proof of identity.

Employee Name (PRINT): _____

Employee Signature: _____ Date: _____

Rec'd in District Office: