

**SANTA CLARA COUNTY FINAL WARRANT & NEXT OF KIN DESIGNATION FORM
CONFIDENTIAL INFORMATION FOR EMERGENCY USE ONLY**

EMPLOYEE INFORMATION

New Employee Address Change Legal Name Change _____ Other _____
Former Name

EMPLOYEE NAME: _____ **EMPLOYEE ID:** _____

EMPLOYEE PREFERRED FIRST NAME: _____

HOME ADDRESS: _____
Street City State Zip Code

WORK PHONE: _____ **HOME PHONE:** _____ **DOB:** _____

CLASSIFICATION: _____ **BUDGET UNIT:** _____

SUPERVISOR: _____ **SSN:** _____

FINAL WARRANT DESIGNATION

(This section allows you to name the person you want your final salary, vacation and sick pay-off to be released to in the event of your death.)

Under the provisions of Section 53245 of the California Government Code, in the event of my death I hereby designate the following named person to be entitled to receive all warrants payable to me by the County of Santa Clara had I survived.

DESIGNEE NAME: _____

DESIGNEE ADDRESS: _____
Street / P.O. Box Number

City State Zip Code **PHONE:** _____

RELATIONSHIP TO EMPLOYEE: _____

Employee Signature

Date

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

NEXT OF KIN DESIGNATION

This section is for emergency notification purposes ONLY. This designation does NOT relate to the Final Warrant Designation. Please indicate who you would like your employer to notify in the event of an emergency.

NEXT OF KIN NAME: _____ **RELATIONSHIP TO EMPLOYEE:** _____

HOME: _____ **(H) PHONE:** _____
Street City State Zip Code

BUSINESS: _____ **(W) PHONE:** _____
Street City State Zip Code

If the above name(s) is unavailable, please call:

NEXT OF KIN NAME: _____ **RELATIONSHIP TO EMPLOYEE:** _____

HOME: _____ **(H) PHONE:** _____
Street City State Zip Code

BUSINESS: _____ **(W) PHONE:** _____
Street City State Zip Code

Employee Signature

Date