



# Santa Monica-Malibu Unified School District

1651 Sixteenth Street, Santa Monica, California 90404-3891 • (310) 450-8338

**TO:** EMPLOYEES  
**FROM:** THE OFFICE OF HUMAN RESOURCES  
**SUBJECT:** DECEASED – WARRANTS (Checks)

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 (checks) to a person you designate. This can often greatly assist in time of family stress or financial need.

## WARRANT RECIPIENT DESIGNATION

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 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

It is understood and agreed that the school district is not obligated to deliver said warrant(s) to the designee unless the designated person claims such warrant (s) from the school district and provides sufficient proof of identity. A person so designated may negotiate the warrant(s) as if the payee.

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

Employee Name \_\_\_\_\_ Date \_\_\_\_\_  
(PLEASE PRINT)

Signature \_\_\_\_\_

**PLEASE RETURN FORM TO HUMAN RESOURCES.**