



FINAL WARRANT & EMERGENCY CONTACT DESIGNATION FORM

CONFIDENTIAL INFORMATION FOR EMERGENCY USE ONLY

COMPLETE THIS FORM IN ITS ENTIRETY AS IT WILL SUPERSEDE ANY PREVIOUS FORM SUBMITTED

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

EMPLOYEE NAME: _____ EMPLOYEE ID: _____

PREFERRED FIRST NAME: _____ SSN: _____

HOME ADDRESS: _____
Street City State Zip Code

MAILING ADDRESS: _____
Street City State Zip Code

HOME PHONE: _____ PERSONAL CELL PHONE: _____

PERSONAL EMAIL ADDRESS: _____

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: _____ RELATIONSHIP: _____

ADDRESS: _____
Street City State Zip Code

PHONE: _____ EMAIL ADDRESS: _____

EMERGENCY CONTACT DESIGNATION

CONTACT NAME: _____ RELATIONSHIP: _____

ADDRESS: _____
Street City State Zip Code

PHONE: _____ EMAIL ADDRESS: _____

If the above contact is unavailable, please contact:

CONTACT NAME: _____ RELATIONSHIP: _____

ADDRESS: _____
Street City State Zip Code

PHONE: _____ EMAIL ADDRESS: _____

EMPLOYEE SIGNATURE

DATE