SUMNER BENEFICIARY DESIGNATION FOR LEAVE BALANCES AND LAST WAGES

Part I: EMPLOYEE INFORMATION

Name:_____ Social Security Number:_____

Employee ID Number:_____

Part II: BENEFICIARY DESIGNATION FOR PAYMENT OF ANNUAL, SICK, AND COMPENSATORY LEAVE BALANCES

I,_____, designate the person or persons listed below to receive, upon my death, a lump sum payment for any compensable leave balances.

_____ _____

(Employee Signature) (Date)

Leave Balance Beneficiary Information (If additional space is needed, please attach a second page.)

Name (First, Middle, Last)	Phone #	Relationship	Sex	Birth Date	Social Security #

Contingent Leave Balance Beneficiary Information (If additional space is needed, please attach a second page.)

Part III: BENEFICIARY DESIGNATION FOR PAYMENT OF LAST WAGES

I,_____, designate the person or persons listed below to receive payment for any wages or salary due to me at the time of my death. I understand if I fail to designate a beneficiary or beneficiaries, any approved wages will be paid out to my surviving spouse, but if none, then to my surviving children in equal percentages. If I do not have a spouse or children, my last wages will be granted to my estate.

_____ _____

(Employee Signature) (Date)

Last Wages Beneficiary Information (If additional space is needed, please attach a second page.)

Name (First, Middle, Last)	Phone #	Relationship	Sex	Birth Date	Social Security #

Contingent Last Wages Beneficiary Information (If additional space is needed, please attach a second page.)