



OFFICE HUMAN RESOURCES (OHR)
 1650 Bedford Avenue, Brooklyn, New York 11225
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**COLLEGE ASSISTANT
 DESIGNATION OF BENEFICIARY FOR
 UNUSED ANNUAL LEAVE AND UNPAID SALARY**

PRINT NAME

SOCIAL SECURITY NUMBER

TITLE

COLLEGE / AGENCY

1. Payment of accrued annual leave and salary due and unpaid at time of death is to be paid to the following named beneficiary or beneficiaries or to my estate as indicated below in the following manner.

NAME OF BENFICIARY/IES	ADDRESS	RELATIONSHIP	% OF BENEFIT
1.			
2.			
3.			

2. It is my understanding that by not designating a named beneficiary this benefit will be paid to my estate

ALL PREVIOUS DESIGNATED BENEFICIARIES ARE HEREBY CANCELLED, AND IT IS DIRECTED THAT PAYMENT BE MADE UPON MY DEATH AS SPECIFIED ABOVE.

SIGNATURE OF EMPLOYEE

ADDRESS OF EMPLOYEE

DATE

CITY

STATE

ZIP

SIGNATURE OF WITNESS

ADDRESS OF WITNESS

DATE

CITY

STATE

ZIP

NOTE: IT IS YOUR RESPONSIBILITY TO SUBMIT A NEW DESIGNATION OF BENEFICIARY WHENEVER CHANGES ARE MADE TO YOUR PERSONAL CIRCUMSTANCES.