



OFFICE OF HUMAN RESOURCES (OHR)
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DESIGNATION OF BENEFICIARY-INSTRUCTIONAL STAFF

Name (Print) **Social Security No.**

Title **Agency**

UNUSED ANNUAL LEAVE BENEFIT

In accordance with Item No. 17 of the Board of Higher Education Minutes of Proceedings dated August 1, 1977, the payment for accrued annual leave as provided for therein is to be paid to the following beneficiary (ies) or to my estate as indicated below in the following manner. (Fill in 1 and 2 below if you desire to name beneficiaries other than your estate).

1) PRIMARY BENEFICIARY (IES) RELATIONSHIP % OF BENEFIT

2) CONTINGENT BENEFICIARY (IES) RELATIONSHIP % OF BENEFIT

3) It is my understanding that by not designating a beneficiary, this benefit will be paid to my estate.

All previous designated beneficiaries for cash payment of accrued annual leave or accrued compensatory time are hereby cancelled and it is directed that payment be made upon my death as specified above.

Signature of employee (Do not print) Address of employee

Signed at (City, State & Zip Code) Date Signed

Signature of Witness (Do not print) Address of Witness

Signed at (City, State & Zip Code) Date Signed

NOTE: It is your responsibility to submit a new designation of beneficiary for cash payment of accrued annual leave or accrued compensatory time whenever changing personal circumstances make a change in beneficiary necessary.