



# WARRANTS AND BENEFITS DESIGNATION

Clark County School District • Human Resources Division

Please check your employee group below:

\_\_\_\_\_ Administrator/Professional-Technical    \_\_\_\_\_ Licensed    \_\_\_\_\_ School Police \_\_\_\_\_ Substitute    \_\_\_\_\_ Support Staff

In the event of my death, I hereby designate the following named person to be entitled to receive all warrants or other benefits payable to me or to my designee by the Clark County School District.

*DESIGNEE'S NAME (PRINT NAME)	*DESIGNEE'S SOC. SEC NO. (last four digits)	RELATIONSHIP TO EMPLOYEE	
STREET	CITY	STATE	ZIP CODE

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

It is expressly understood and agreed that the Clark County School District is not obligated to deliver the warrants or benefits to the person designated hereinabove unless the designated person claims the warrants or benefits from the Clark County School District within one year from the date the warrants or benefits become payable and provides to the school district sufficient proof of identity as required by the Clark County School District.

If you fail to designate a designee, or if the designee is not living at the time of your death, all warrants and benefits are part of your personal estate pursuant to Nevada Revised Statute 281.155.

EMPLOYEE SIGNATURE	SOC. SEC. NO. (last four digits)	DATE
EMPLOYEE NAME (PRINT LAST, FIRST, & M.I.)	WITNESS'S SIGNATURE	DATE

**\*No warrant or benefit release will be made without sufficient proof of identity at the time of claim.**