



WASHOE COUNTY SCHOOL DISTRICT
OFFICE OF HUMAN RESOURCES
PO Box 30425
Reno, NV 89520-3425

Employee Type:

Location:

**DESIGNATION OF BENEFICIARY
FOR RECEIPT OF FINAL PAYMENT
DUE WCSD EMPLOYEE**

DATE:

EMPLOYEE NAME:

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

NAME OF BENEFICIARY:

RELATIONSHIP TO EMPLOYEE:

IS THE BENEFICIARY UNDER 18 YEARS OF AGE: YES NO

IF YES PLEASE PROVIDE DATE OF BIRTH:

EMPLOYEE SIGNATURE:

BENEFICIARY CONTACT INFORMATION

BENEFICIARY STREET ADDRESS:

CITY:

STATE: ZIP CODE:

PHONE NUMBER:

If you do not complete this form the district is required to remit final compensation owed to you after your death to your estate in accordance with NRS 281.155.