



**HUMAN  
RESOURCES**

**Designation of Beneficiary  
For Receipt of Final Payment Due County Employee**

Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ SAP EE#: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Department: \_\_\_\_\_

By my signature below I hereby designate \_\_\_\_\_  
(Name)

my \_\_\_\_\_, as beneficiary.  
(Relationship)

Beneficiary Address: \_\_\_\_\_

Beneficiary Phone #: \_\_\_\_\_

\_\_\_\_\_  
(Employee Signature)

State of Nevada

County of Washoe

Signed and sworn to (or affirmed) before me on \_\_\_\_\_  
(Date)

By \_\_\_\_\_  
(Name of person making statement)

\_\_\_\_\_  
(Signature of notarial officer)