VERNON PUBLIC SCHOOLS

Office of the Superintendent
30 Park Street • P.O. Box 600
Vernon, CT 06066-0600

SURVIVOR DESIGNATION FORM

I hereby designate _____
Name

_____
Social Security Number

_____
Street

_____
City, State, Zip Code

As my survivor in connection with any death benefit that may be described in my labor contract with the Vernon Board of Education or any unpaid wages or other severance (i.e. accumulated sick leave and unused vacation days) that may be due me or my estate from the Vernon Board of Education.

_____ _____
Date **Signature**

Please return this completed form to Payroll for inclusion in your personnel file.

7/10/08 (Rev/Survivor)