Department of Human Resources – Agency Resource Center

BENEFICIARY DESIGNATION FOR LEAVE BALANCES AND LAST WAGES

Part I: EMPLOYEE INFORMATION

Name: _____ Social Security Number: _____

Employee ID Number: _____

Part II: BENEFICIARY DESIGNATION FOR PAYMENT OF ANNUAL, SICK, AND COMPENSATORY LEAVE BALANCES

I, _____, Pursuant to T.C.A. § 8-50-808, designate the person or persons listed below to receive, upon my death, a lump sum payment for any annual, sick, or compensatory leave balances.

_____   _____
(Employee Signature)   (Date)

Leave Balance Beneficiary Information (If additional space is needed, please attach a second page.)

Name (First, Middle, Last)	Phone #	Address	Relationship	Sex	Birth Date	Social Security #

Part III: BENEFICIARY DESIGNATION FOR PAYMENT OF LAST WAGES

I, _____, designate the person or persons listed below to receive payment for any wages or salary due to me at the time of my death. I understand if I fail to designate a beneficiary or beneficiaries, any approved wages will be paid out to my surviving spouse, but if none, then to my surviving children in equal percentages. If I do not have a spouse or children, my last wages will be granted to my estate.

_____   _____
(Employee Signature)   (Date)

Last Wages Beneficiary Information (If additional space is needed, please attach a second page.)

Name (First, Middle, Last)	Phone #	Address	Relationship	Sex	Birth Date	Social Security #