

SCHOOL/SITE: _____
DATE: _____

Adelanto School District

11824 Air Expressway, Adelanto, CA 92301

EMPLOYEE & VOLUNTEER EMERGENCY NOTIFICATION

(Please fill out and return to the District Office, Attn: Human Resources)

NAME _____		
SOCIAL SECURITY NUMBER _____		DATE OF BIRTH _____
MAILING ADDRESS _____	CITY _____	ZIP _____
RESIDENTIAL ADDRESS _____	CITY _____	ZIP _____
HOME PHONE NUMBER(S): _____		
CELL PHONE NUMBER(S): _____		
EMAIL ADDRESS: _____		

<u>IN CASE OF EMERGENCY, PLEASE NOTIFY:</u>		
1. NAME _____		
RELATIONSHIP TO EMPLOYEE/VOLUNTEER _____		
RESIDENTIAL ADDRESS _____	CITY _____	ZIP _____
PHONE NUMBER(S): _____		
2. NAME _____		
RELATIONSHIP TO EMPLOYEE/VOLUNTEER _____		
RESIDENTIAL ADDRESS _____	CITY _____	ZIP _____
PHONE NUMBER(S): _____		

*In the event of an injury while on the job as an employee, please contact the site administrator, the school site secretary or clerk, or the District Office immediately at (760) 246-8691 X10257.

NOTE: **IT IS IMPORTANT THAT YOU UPDATE THIS FORM WHEN CHANGES OCCUR IN YOUR ADDRESS AND/OR PHONE NUMBERS.**

(Please see reverse)

Adelanto School District

DESIGNATION OF BENEFICIARY

As provided in Section 53245 of the California Government Code, in the event of my death, I hereby designate the following person to receive all warrants or checks that will be payable to me from the Adelanto School District.

NAME OF DESIGNEE: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

In the event that the person indicated above predeceases me, I hereby designate the following person as a secondary beneficiary:

NAME OF SECONDARY DESIGNEE: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

This designation form cancels and replaces any designation previously signed for this purpose and shall remain in effect until cancelled in writing.

On sufficient proof of identity, the appointing power shall release the warrants or checks to the above designee. The designee who receives a warrant or check is entitled to negotiate it as if the payee.

EMPLOYEE NAME: _____

DATE: _____

SIGNATURE: _____

NOTE: **IT IS IMPORTANT THAT YOU UPDATE THIS FORM WHEN CHANGES OCCUR THAT WOULD AFFECT YOUR DESIGNATION OF BENEFICIARY.**