



**EAST SAN GABRIEL VALLEY REGIONAL OCCUPATIONAL PROGRAM AND TECHNICAL CENTER**

1501 West Del Norte Street, West Covina, CA 91790 •(626) 962-5080 •Fax (626) 472-5125

**WARRANTS OR CHECKS RECIPIENT DESIGNATION**

In the event of my death, I hereby designate the following named person to be entitled to receive all warrants or checks that would have been payable to me by East San Gabriel Valley Regional Occupational Program & Technical Center:

\_\_\_\_\_  
*Beneficiary Full Name*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Contact Number*

*CALIFORNIA GOVERNMENT CODE SECTION 53245*

*53245. Any person now or hereafter employed by a county, city, municipal corporation, district, or other public agency may file with his appointing power a designation of a person who, notwithstanding any other provision of law, shall, on the death of the employee, be entitled to receive all warrants or checks that would have been payable to the decedent had he survived. The employee may change the designation from time to time. A person so designated shall claim such warrants or checks from the appointing power. On sufficient proof of identity, the appointing power shall deliver the warrants or checks to the claimant. A person who receives a warrant or check pursuant to this section is entitled to negotiate it as if he were the payee.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*