



Office of Human Resources

DESIGNATION OF BENEFICIARY(ies) FOR UNUSED AND ACCRUED LEAVE

Print Name: _____

Social Security No.: _____

VSCC ID: _____

Annual Leave (authorized by TBR Policy No. 5:01:01:01, Section III, E., VSCC V:02:01 and TCA §8-50-808)

Last Name	First Name	M.I.	Social Security No.	Date of Birth	Sex	Relationship

Sick Leave (authorized by TBR Policy No. 5:01:01:07, Section VIII, VSCC V:02:07 and TCA §8-50-808)

Last Name	First Name	M.I.	Social Security No.	Date of Birth	Sex	Relationship

Wages (authorized by TCA §30-2-103)

Last Name	First Name	M.I.	Social Security No.	Date of Birth	Sex	Relationship

Compensatory Time (authorized by TCA §8-50-808) **Clerical/Support Staff Only

Last Name	First Name	M.I.	Social Security No.	Date of Birth	Sex	Relationship

Name of Institution or Estate Address:

I, the employee, revoke any previous beneficiary nominations and direct that the foregoing designations supersede any previous filed.

Employee Signature

Date

NOTARY SEAL:

STATE OF TENNESSEE COUNTY OF _____

_____ personally appeared before me on this _____ day of _____,

20 ____, who makes oath that he/she executed the foregoing instrument.

My Commission Expires: _____

(Notary Public and Seal)