



Office of Human Resources

DESIGNATION OF BENEFICIARY(ies) FOR UNUSED AND ACCRUED LEAVE

Print Name: _____
VSCC ID _____ Social Security No. _____

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 |
|-----------|------------|------|---------------------|---------------|-----|--------------|
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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 |
|-----------|------------|------|---------------------|---------------|-----|--------------|
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Wages (authorized by TCA §30-2-103)

| Last Name | First Name | M.I. | Social Security No. | Date of Birth | Sex | Relationship |
|-----------|------------|------|---------------------|---------------|-----|--------------|
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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 |
|-----------|------------|------|---------------------|---------------|-----|--------------|
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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)
rev. 6/13/12