

Designation of Beneficiary for Unused Accrued Leave

In case of the employee's death, payment for the employee's unused accrued leave shall be made to the employee's estate or beneficiary as designated below:

EMPLOYEE NAME (Last, First, MI)

SOCIAL SECURITY NUMBER

Annual Leave Beneficiary - (TBR Policy #5:01:01:01, Section III E)				
Beneficiary Names(s) (Last, First, MI)	Social Security Number	Birthday (Mo/Day/Yr)	Sex	Relationship
Estate Name	Taxpayer ID #	Address		

Sick Leave Beneficiary - (TBR Policy #5:01:01:07, Section VII)				
Beneficiary Names(s) (Last, First, MI)	Social Security Number	Birthday (Mo/Day/Yr)	Sex	Relationship
Estate Name	Taxpayer ID #	Address		

I, the employee, revoke any previous beneficiary nominations and direct the above designations to supersede any previous filed.

_____/_____/_____
Employee Signature Date

State of Tennessee

County of Hamilton

_____ personally appeared before me on this the _____ day of _____, 20 __, who makes the oath that he/she executed the foregoing instrument.

Notary Public _____ My commission expires: _____

(Notary Seal)