



FREMONT UNION HIGH SCHOOL DISTRICT Emergency Contact/Warrant Designation Change

Directions:

Please complete this form for any changes to your Emergency Contact or your Beneficiary Designation (Affidavit of Designation to Receive Warrants).

Submit this completed form to either Certificated or Classified Personnel in the HR Department.

Name:	<input type="text"/>	Soc. Sec. #:	<input type="text"/>
Site:	<input type="text"/>	Employee Type:	<input type="text"/>

EMERGENCY INFORMATION UPDATE

In case of accident or illness please notify:

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>	Phone:	<input type="text"/>

AFFIDAVIT OF DESIGNATION TO RECEIVE WARRANTS

In the event of my death, I designate:

Beneficiary Name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>	Phone:	<input type="text"/>

To receive all warrants or checks that would have been payable to me had I survived. This Affidavit shall remain in effect until revised or revoked. Such revision and/or revocation shall be submitted in writing by me.

<input type="text"/>	<input type="text"/>
Employee Signature	Date