

INDIAN RIVER COUNTY, FLORIDA  
BOARD OF COUNTY COMMISSIONERS

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**Designation of Final Pay Check Release** *(Optional)*

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Employee Number

**In the event of my death, please make my final pay check payable to:**

Designee's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Witness

**Note: Your accrued vacation leave will be paid to your life insurance beneficiary.**