

INDIAN RIVER COUNTY, FLORIDA
BOARD OF COUNTY COMMISSIONERS

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.