

DESIGNATION OF PERSON AUTHORIZED TO RECEIVE WARRANTS (Gov.C., Sec. 12479)

STD. 243 (CSUF modified for use)

EMPLOYEE NAME (First, Middle, Last)

EmplID

California State University, Fresno

Fresno, California

Pursuant to Section 12479 of the Government Code, I hereby designate the following person who, notwithstanding any other provision of the law, shall be entitled upon my death to receive all state warrants that would have been payable to me had I survived. NOTE: Direct deposit payments are not subject to the provisions of this designation.

Important: This is NOT a designation for payment of death benefits and refund of employee retirement contributions. A form STD. 241 Beneficiary Designation (PERS), must be completed to file a designation with the Public Employees' Retirement System for death benefits.

If the named designee below does not file a written request with the Human Resources/Payroll Office of my employing state campus for such warrants, within sixty (60) days after the date of my death, this designation shall be and become null and void.

01 DESIGNEE FIRST NAME & INITIAL

02 LAST NAME

03 BIRTHDATE

Relationship

Q

(Note: **No corrections are allowed in block 01 & 02**)
05 DESIGNEE ADDRESS (Street, P.O. Box, or Rural Route)

06 CITY and STATE

07 ZIP CODE

PRIVACY NOTICE

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

Legal references authorizing maintenance of this information include the Government Code Section 12479 and the State Administrative Manual Section 8477.1-8477.27.

Information requested on this form is used by the employing personnel/payroll office for the sole purpose of identifying the designee authorized to receive warrants payable to the employee had he/she survived.

This form and all personal information contained therein is maintained by the employing personnel/payroll office. Employees have the right of access to copies of their Designation of Person Authorized to Receive Warrants form upon request.

Oath of Allegiance/Declaration of Permission to Work (Complete Part I or Part II)

R

Part I – Oath of Allegiance: I do solemnly affirm that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter. I hereby subscribe to this oath by signing in Section S below.

Part II – Declaration of Permission to work:

I am a lawful permanent resident noncitizen of The United States

- YES If "NO", I hereby certify that I have permission to work in this country and have declared any
- NO restrictions placed upon me in this regard by the United States government to the appointing power.

EMPLOYEE CERTIFICATION

S

I certify to all information contained in section Q & R as accurate to my knowledge and hereby revoke any previous designations filed by me. This designation will remain in full force and effect during my employment with any California State agency and or Campus until revoked in writing by me.

Signature

Phone Number

Date Signed

CSU REPRESENTATIVE SIGNATURE

T

I authorize the State Controller to take the action indicated hereon and do certify that the action is appropriate. I have reviewed the completion of this document and where appropriate, witnessed the subscription to the oath of allegiance or declaration of permission to work.

Signature

DATE