

Santa Clara County Office of Education
Human Resources Division

EMERGENCY INFORMATION UPDATE

Name: _____
Last First MI

Telephone: _____ Work Site: _____

Automobile(s) License Plate Numbers: _____
Primary Auto 2nd Auto 3rd Auto

In case of an emergency, you are hereby authorized to notify:

_____ Relationship: _____ Phone: _____ Between Hours of _____ to _____
Name

If you are unable to locate the individual designated above, please notify:

_____ Relationship: _____ Phone: _____ Between Hours of _____ to _____
Name

My Physician is: _____ Phone: _____

AFFIDAVIT to DESIGNATED RECEIVER of
COUNTY OFFICE OF EDUCATION CORRESPONDENCE

In the event of my death, I hereby designate: _____ my _____
Name Relationship

Address: _____ Phone: _____
Street City State Zip Code

to receive general information from the County Office of Education concerning the types of coordinative assistance available regarding payroll check(s), retirement, and other fringe benefits. This affidavit shall remain in effect until revised or revoked. Such revision and/or revocation shall be submitted in writing by me.

Signature Date

AFFIDAVIT TO DESIGNATED RECEIVER of
LAST PAYCHECK

In the event of my death, I hereby designate: _____ my _____
Name Relationship

Address: _____ Phone: _____
Street City State Zip Code

to receive all paychecks that would have been payable to be. This affidavit shall remain in effect until revised or revoked. Such revision and/or revocation shall be submitted in writing by me.

Signature Date