

Central Islip Union Free School District
50 Wheeler Road
Central Islip, New York 11722

Beneficiary Designation for Unused Accrued Days

Employee

Name: _____

Address _____

Phone Number _____

Social Security Number _____

Position _____ **School** _____

I _____, hereby designate the following named beneficiaries to receive payment for all unused accrued days at the time of my death in accordance with my collective bargaining agreement.

Name of Primary Beneficiaries:	Social Security Number	Relationship	Address	Phone Number
Name of Contingent Beneficiaries:				

I understand that if I do not designate a named beneficiary, any accrued compensation due me will be disbursed to my estate.

Employee Signature: _____

Sworn to before me this _____ day of _____ 200__.

Notary Public Signature: _____ **Notary Stamp:**