



Oxnard Union High School District

309 South K Street, Oxnard, California 93030
Main: (805) 385-2500/FAX: (805) 483-3069
www.ouhsd.k12.ca.us

DESIGNATION OF PERSON TO RECEIVE WARRANT

Certificated Classified Paraeducator Campus Supervisor

I, _____, am an employee of the Oxnard Union High School District; pursuant to the provisions of Government Code Section 53245, which allows me to designate a person who, upon my death, shall be entitled to receive all warrants or checks that would have been payable to me by my employer had I survived, hereby designate the below named person as the one entitled to receive all such warrants or checks:

Name of Designee: _____
Address of Designee: _____

I hereby revoke any and all designations previously made by me pursuant to Government Code Section 53245.

Date

Employee Signature