

Middle Tennessee State University Human Resource Services

## Part II: BENEFICIARY DESIGNATION FOR PAYMENT OF UNUSED LEAVE

I, \_\_\_\_\_, Pursuant to T.C.A. § 8-50-808, designate the person or persons listed below to receive, upon my death, a lump sum payment for any unused sick, and/or annual (if applicable) leave balances.

(Employee Signature)

(Date)

Leave Balance Beneficiary Information (If additional space is needed, please attach a second page.)							
Name (First, Middle, Last)	Phone #	Address	Relationship	Sex	Birth Date		Social Security #