



City of Kenai Employee Authorization to Release Paycheck

This form is used to document individuals to whom the employee authorizes release of his/her paycheck in the event of death or disability of the employee.

In the event of my death or disability while employed by the City of Kenai, I _____ designate the following person(s) to receive any paychecks or reimbursements due to me.

Designee Information

Name: _____ Relationship: _____

Physical Address: _____

City, State, ZIP: _____

Mailing Address: _____

City, State, ZIP: _____

Home Telephone #: _____ Cell Phone #: _____

In the event the above-designated person is unavailable due to death or disability, I designate the following person as an alternate:

Alternate Designee Information

Name: _____ Relationship: _____

Physical Address: _____

City, State, ZIP: _____

Mailing Address: _____

City, State, ZIP: _____

Home Telephone #: _____ Cell Phone #: _____

Employee Signature

Date

Witness Signature

Date

Printed Name of Witness

Witness Daytime Telephone Number