LOS ANGELES COMMUNITY COLLEGES
HUMAN RESOURCES / PAYROLL SERVICES
770 WILSHIRE BOULEVARD
LOS ANGELES, CA 90017

ADDRESS AND WARRANT(S) RECIPIENT DESIGNATION

This form is required for employment. Changes may be filed at any time.

Please print or type and ensure all information is provided as omissions can delay processing.

Last Name _____ First Name _____ Middle Name _____ Suffix _____

Social Security No. - - _____ Employee ID No. _____ Location _____

1. **EMPLOYEE OFFICIAL ADDRESS** *May not be a District location or PO Box.*

Street Address _____ Unit No. _____

City _____ State _____ Zip Code _____

Daytime Phone ( ) - _____ Ext. _____ Evening Phone ( ) - _____ Cell Phone ( ) - _____ Email _____

A. **RESTRICTIONS ON RELEASE OF ADDRESS / TELEPHONE**
☐ Check this box if you do not wish to have your address and telephone number released to anyone except the organization designated as the exclusive representative for the employee unit to which you are assigned.

B. **UNEMPLOYMENT INSURANCE CLAIMS**
☐ Check this box if you wish your exclusive representative to receive your name in the event you file for unemployment insurance benefits.

2. **SALARY WARRANT / DIRECT DEPOSIT ADVICE ADDRESS:**
☐ Direct Deposit Advice will be emailed to your District email address. You can elect a personal email address through the ESS portal.
☐ Mail salary warrant to my Official Address listed above.
☐ Mail salary warrant to the *Salary Warrant Only* address listed below. *(PO Box may be used here.)*

SALARY WARRANT ONLY ADDRESS

Mailing Address _____

Street Address _____

City _____ State _____ Zip Code _____

3. **WARRANT RECIPIENT DESIGNATION**
As provided in California Government Code § 53245, in the event of my death, I hereby designate the following person to receive any an all warrants payable to me by the Los Angeles Community College District. This designation will remain in effect until canceled and replaced in writing. It is also expressly understood and agreed that the Los Angeles Community College District is not obligated to deliver said warrants to the person designated above unless the designated person, within two years after the date of said warrant or warrants, claims such warrants from the Los Angeles Community College District and provides the District with sufficient proof of identify.

First Name _____ Last Name _____ Relationship _____

Street Address _____ Number _____

City _____ State _____ Zip Code _____

4. **SIGNATURE:**

Employee _____ Signature Date _____

FORWARD COMPLETED FORM TO:
Location Personnel-Payroll Office