

Borough of Manhattan Community College

**Unused Annual Leave Benefit – Designation of Beneficiary
Instructional Staff – Teaching and Non-Teaching**

Name (Print)

Social Security Number

Title

In accordance with Item No. 17 of the Board of Higher Education minutes of Proceeding dated August 1, 1977, the payment of the accrued annual leave as provided for therein is to be paid to the following beneficiaries or to my estate as indicated below in the following manner:

1. PRIMARY BENEFICIARIES RELATIONSHIP % OF BENEFIT

2. CONTINGENT BENEFICIARIES RELATIONSHIP % OF BENEFIT

3. It is my understanding that by not designating a beneficiary, this benefit will be paid to my estate.

All previous designated beneficiaries for cash payments of accrued annual leave are hereby canceled and it is directed that payments be made upon by death as specified above.

Signature of Employee

Date

Signed at (City, State)

Address of Employee

Signature of Witness

Date

Signed at (City, State)

Address of Witness