

DECEASED EMPLOYEE – GUIDELINES FOR PAYROLL SPECIALISTS

Employee ID	Rcd No.	Last Name, First Name		
Company	Hire Date	Department	Job Code Title	Occupational Unit
Payroll Specialist Name (Print)			Telephone	Date

Note: A Separation Report must be prepared and submitted to EMACS-HR immediately. Failure to do so will result in a delay of payment of benefits to the survivor. Refer to Termination procedure

Provide the following information to Central Payroll, EBSD-Leaves Team and appropriate employee organization:

Date of Employee's Death: _____ Point of Contact Name: _____
 Relationship to Deceased: _____ Telephone: (____) _____
 Address (if needed): _____

- Send email to all internal staff, notifying everyone of the employee's death. Also include the name of the department "Point of Contact", who will be notifying the appropriate County departments and working with the family.
 Date Sent: _____ Comments: _____
- Notify the deceased employee's appointing authority or designee, so that a letter of condolence may be sent to the family on behalf of the department.
 Date Notified: _____ Comments: _____
- A **Deceased-Employee Guidelines for Survivor(s)** should also be sent to the family in accordance with your internal department procedure. **Note:** The information sheet may be included with the letter of condolence or provided separately.
 Date(s) Sent/Provided: _____ Comments: _____
- Check the employee's file or scanned documents for the current **Beneficiary for Last Paycheck (Warrant)** form, and any **beneficiary** forms. Copies may need to be provided to Central Payroll and/or EBSD-HR.
 Date Checked: _____ Comments: _____
- Departments Contacted (if necessary):
 - **Central Payroll:** _____ at (909) 382-3154. Be prepared to fax the Beneficiary for Last Paycheck (Last Warrant Designation) form, if requested.
 Date Contacted: _____ Comments: _____
 - **EBSD-HR:** _____ at (909) 387-5787, regarding County paid life insurance, Deferred Compensation (401(k) & 457(b) or if the employee is receiving Short-Term Disability (STD) payments. EBSD-HR will have the necessary forms required for payment to the beneficiary.
 Date Contacted: _____ Comments: _____
 - **Risk Management:** _____ at (909) 386-8655.
 Date Contacted: _____ Comments: _____
 - **San Bernardino County Employees' Retirement Association (SBCERA):** at (909) 885-7980
 Date Contacted: _____ Comments: _____
 - **ING** at (909) 748-6468, regarding 401(k) & 457(b) monies the survivors of the deceased may be due.
 Date Contacted: _____ Comments: _____
- Prepare and submit the Termination Job Action Request (JAR) packet.
 Date Sent: _____ Comments: _____

DISTRIBUTION: Original - Department