

	Agency Name	Office of Family Support (OFS)			
	Chapter No./Name	06 - Personnel Manual			
	Part No./Name	Y. Forms and Forms Instructions			
	Section No./Name	Y-400 OFS Personnel Management Forms and Forms Instructions			
	Document No./Name	PM 19 Request For Payment Due a Deceased Employee (PM 19)			
	Dates	Issue	August 1, 2005	Effective	August 1, 2005

CURRENT VERSION OF FORM: 10/95

REPLACING: Previous Issue

STOCKED: Available on the on-line policy management system.

➤ PURPOSE

To request payment of wages, annual leave and/or sick leave due a deceased employee.

➤ PREPARATION

The individual requesting payment, with assistance as needed from the Manager, completes, signs, and dates the form in the presence of two witnesses, who also affix their signatures.

➤ DISPOSITION

Individual requesting payment or Manager submits original and two copies to the OFS Human Resources Section. Normally, the form is submitted along with other documents completed at time of death of an employee.