

Deceased Employee's Final Wage Payment Information

Submission Instructions:

Send completed form with a copy of the **death certificate** to:

- **Mail To:** Corporate Payroll, P.O. Box 9, Albany, NY 12201-0009, *or* **Email To:** payroll@rfsuny.org
- The following updates must be made in the Oracle business application:
 1. Deceased employee's **Assignment Status** must be changed to **Terminated – Do Not Process**
 2. Labor schedule must be end dated

Employee Information:

Employee Name:	Employee Social Security Number:
Effective Date:	Operating Location:

Beneficiary Information:

Beneficiary 1		
Name:		
Social Security Number:		
Address:		
City:	State:	Zip Code:
Telephone: ()		
Beneficiary 2		
Name:		
Social Security Number:		
Address:		
City:	State:	Zip Code:
Telephone: ()		

Biweekly Payment Information:

Project:	Task:	Award:
Expenditure Type:		

Vacation or Other (e.g., Overtime compensation, etc.) Payout Information:

		Hourly Wage Rate
Number of Days: (Exempt Employees)		\$
Number of Hours: (Non- Exempt Employees)		\$
Project:	Task:	Award:
Expenditure Type: <i>SWM Accrued Vacation</i>		

Approvals:

Operating Location Designee:	Date:
Central Office:	Date: