



Employee Request for Subsequent Separation Pay Form

To: Human Resources Department
501 Palm Ave. 3rd Floor
Hialeah, FL 33010

Date: _____

Full Name: _____ Last 4 digits of SS: _____

Home Address: _____

Phone: _____ Email: _____

Employee Signature: _____

Second Separation Payment Request (Max \$25,000.00) Third and Final Separation Payment Request

I would like to receive the fund in the following manner (PUT AN X IN THE CORRECT BOX BELOW):

Check

Send the funds to Deferred Compensation (**Nationwide**), up to IRS maximum amount.

State of _____ County of _____

The forgoing instrument was acknowledged before me this _____ day of _____, 20____.

By: _____

Personally Known _____ or produced identification _____

Type of identification produced _____

Notary Name: _____

(Seal)

My Commission Expires: _____

For HR/Finance Dept. ONLY: Second Distribution (\$25,000 max) Third and Final Distribution

Amount to be distributed: _____

HR Director: _____

Finance Director: _____