

LCTCS Centralized Payroll

**RELEASE DOCUMENT FOR DECEASED WAGES
BEING PAID UNDER LA R.S. 9:1515**

Employee ID: _____ VPDI(Institution)/Site: _____

Name of deceased employee: _____

Address of deceased employee: _____

Date and Place of death of deceased employee: _____
(Date) (Place of Death)

Relationship of payee to deceased employee: _____
(Surviving Spouse or if no Surviving Spouse, Adult child of deceased employee are the only acceptable payees under statute.)

Name and Address of surviving spouse, or children, if any, of deceased employee:
Add additional lines as needed.

(Name of Surviving Spouse or Child) (Address of Surviving Spouse or Child)

(Name of Surviving Spouse or Child) (Address of Surviving Spouse or Child)

(Name of Surviving Spouse or Child) (Address of Surviving Spouse or Child)

(Name of Surviving Spouse or Child) (Address of Surviving Spouse or Child)

(Witness 1) (Date) (Witness 2) (Date)

I, _____ have received check no. _____ in the gross
(Name of Payee)

amount of \$ _____, net amount of \$ _____, on behalf of

_____ on _____
(Deceased Employee) (Date of Receipt)

(Signature of Payee) (Date)