

DEATH REPORT FORM

This form is to be completed upon the death of all active, disabled, medically separated, or retired personnel.

When you have been notified of an employee's death, please complete the information below and immediately fax or mail this form with IDOC to the UCSF Payroll Office.

Upon receipt of the completed form, the Payroll Office will notify the appropriate offices:

- UC Benefits Office, Oakland
- UCSF Human Resources
- UCSF Chancellors Office
- Insurance Carriers

Date of Report: _____	Department Notified of Death By: _____	
	Telephone No: _____	
Name of Deceased: _____		
Title: _____	Dept: _____	
Date of Death: _____	Cause of Death: _____	
<small>(This should not be interpreted as requiring a Physician's statement, but instead should be answered in general terms, as illness, accident, or natural causes)</small>		
Last day Worked: _____	Paid Through: _____	
Final Earnings (Hours): _____	Term Vacation (Hours): _____	Sick Leave (Hours): _____
Dept Representative: _____	Extension: _____	
Name(s), address(es) and phone number(s) of next of kin (indicate relationship)		

If you have any questions regarding this process, please contact Gail Miliani in the Payroll Office at (415) 476-8425. E-Mail: gmiliani@accounting.ucsf.edu		