

Accounting and Disbursements Division
Payroll Administration

Deceased Employee Notice

Date Notified

Taken By

Name of Employee

Employee Number or Social Security No.

Date of Demise

School/Office

Contact Person

Telephone No.

☐ Certificated
☐ STRS

☐ Classified
☐ PERS

☐ PARS

Next of Kin:

Relationship

Name:

Address:

Telephone No.

**PLEASE ATTACH A COPY OF THE DEATH CERTIFICATE AND EMAIL TO:
PAYROLLSUPPORT@LAUSD.NET OR SEND VIA SCHOOL MAIL: PAYROLL
ADMINISTRATION, 333 S, BEAUDRY AVE. LOS ANGELES CA 90017**