

Death Report Form



Complete this form when you are notified of the death of an academic or staff employee including employees who are on leave, who have been medically separated, or are retired.

Email, fax, or mail the completed form to the **UCSF Payroll Office** at:

Email:	COSolutionCenter@ucsf.edu
U.S. Mail:	UCSF Controller's Office Payroll, Box 0815 1855 Folsom Street, Suite 425 San Francisco, CA 94143-0815
Fax:	415-920-2514

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

- | | |
|--|---|
| <input type="checkbox"/> UCOP Benefits Office, Oakland | <input type="checkbox"/> UCSF Human Resources |
| <input type="checkbox"/> UCSF Chancellor's Office | <input type="checkbox"/> Insurance Carriers |

Department Representative Information		
Date of Report	Name of Department Representative	Phone Number:

Death Reporter Information:		
Death Reported By	Email Address	Phone Number

Information about the Deceased:		
Date of Death	Name of Deceased	Title
Department		Cause of Death
		<i>(Should not be interpreted as requiring a Physician's statement but instead should be answered in general terms, e.g. illness, accident, natural causes, etc.)</i>

Next of Kin:				
Relationship	Name	Mailing Address	Email Address	Phone Number

Last Date Worked	Paid Through Date	Final Earnings (Hrs)	Term Vacation (Hrs)	Sick Leave (Hrs)

If you have any questions regarding this form, contact the Controller's Office Solution Center at:

COSolutionCenter@ucsf.edu or 415-476-2126.