



pennsylvania

Survivor Assistance Worksheet

Instructions: The supervisor or agency HR office must complete and submit this worksheet with the separation E-PAR to the HR Service Center.

SECTION I. EMPLOYEE INFORMATION

Employee Name _____ Employee Number _____
 Death Reported By _____ Last Date Worked _____
 Date & Time of Death _____ Pay Status at Time of Death:
 Work Related Death: Yes No Active Paid Leave LWOP

SECTION II. SALARY & LEAVE INFORMATION

Final Salaries Due Employee _____
 Leave Balances (# of Hours) Annual _____ Personal _____
 Sick _____ Compensatory _____
 Travel Expenses In Process \$ _____ Being Submitted \$ _____

SECTION III. SURVIVOR INFORMATION

(If known. If unknown, list employee's emergency contact.)

Name _____ Survivor OR Emergency Contact
 Address _____
 Telephone Number _____
 Relationship to the Deceased _____

SECTION IV. RETURN OF COMMONWEALTH PROPERTY

(Provide contact name/office—i.e. HR Office, CAO, etc.— address and telephone number to which the family of the deceased should return commonwealth property or seek clarification about what must be returned.)

Name _____
 Office _____
 Address _____
 Telephone Number _____

Prepared by: _____ **Phone:** _____
(Please print.)

Agency: _____