

REQUEST TO CANCEL VOLUNTARY DEDUCTION

TO: Payroll Department, Morgan Hill Unified School District

I am hereby requesting the District to cancel my voluntary deduction to _____. I understand that this form is due in Payroll on or before the 15th of the month in order for the cancellation to take place on the next end of the month payroll.

Effective date of cancellation: _____

Employee Signature:

Date: _____ Social Security Number: _____