

OROVILLE UNION HIGH SCHOOL DISTRICT
2211 Washington Avenue
Oroville, CA 95966

REQUEST TO CANCEL PAYROLL DEDUCTIONS

TO: Oroville Union High School District, Payroll Department

You are hereby requested to discontinue deductions from my paycheck in the amount
of _____ to:

Please stop these deductions effective _____.

Name _____

Social Security # _____

Employee Signature _____

Date Signed _____

Note: A separate form is required for each cancellation. To be effective on the next payroll, this form must be in the Payroll Department office no later than the 10th of the month preceding the requested change.

OUHSD: Amended 09/03