

CENTRAL UNION HIGH SCHOOL DISTRICT

TO: PAYROLL DEPARTMENT

FROM: _____ SSN: _____

Please print first and last name

AUTHORIZATION TO CANCEL PAYROLL DEDUCTION

I have authorized CENTRAL UNION HIGH SCHOOL DISTRICT to cancel the following
Payroll deduction for _____ in the
amount of \$ _____ effective _____.

Date

Signature

THIS FORM CAN NOT BE USED TO MAKE TSA CHANGES PLEASE USE OMNI FORM
