



Employee Compensation and Benefits Department

Request to Stop Voluntary Deduction

Employee Name (Printed)	Employee Identification# or last four of Social Security #	Today's Date	Department or School
SIGNATURE			Today's Date
Deduction Name	Amount of Deduction to STOP	Effective Date of Change	Notes

DISCLAIMER:

This form cannot be used to stop any mandatory deductions, i.e; taxes, garnishments of any kind, union dues, Health Deductions, TSA deductions, The Standard, Apple. ** In addition to this form, you must contact your vendor to notify them of your request to cancel.