

**OROVILLE UNION HIGH SCHOOL DISTRICT**  
**2211 Washington Avenue**  
**Oroville, CA 95966**  
**(530) 538-2300 Ext. 114**

**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 \_\_\_\_\_ and payable to:

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

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 10<sup>th</sup> of the month preceding the requested change.

(Revised 8/9/10sgt)