



TUSCALOOSA CITY BOARD OF EDUCATION
EMPLOYEE DEDUCTION CANCELLATION FORM

Employee Name

Employee #

School

Phone #

Name of Benefit Company

Benefit	Tax Sheltered (Y/N)	Amount of Deduction
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Effective Date of Cancellation

Signature

Date

I understand that this change will become effective at the end of this payroll period **ONLY IF** this original cancellation form is received in the Payroll Department by the 10th of the current month. Should this deduction cancellation form be received **AFTER** the 10th of the month, this cancellation **WILL NOT** become effective until the next payroll period.

NO CHANGES WILL BE PROCESSED BY TELEPHONE. NO SCANNED DOCUMENTS WILL BE ACCEPTED.

If you have any questions, please contact the Payroll Department at 205-759-8393.

Tuscaloosa City Schools
1210 Almon Ave
Tuscaloosa, AL 35401