OAK GROVE SCHOOL DISTRICT
Business Services Division

Deferred Pay Cancellation Form

To: Shawna Feci - Certificated Payroll
Carin Hmieleski - Classified Payroll

I would like to cancel my Deferred Pay effective _____.
I understand that my deferred pay balance will be paid out to me on the next end of month payroll.

Please note that once you cancel your deferred pay, it can not be set up again until the start of the next school year. It will be your responsibility to submit a new Deferred Pay form to the Payroll Department.

_____
Name (Print)

_____ _____
Employee ID # Date Signed

_____
Signature

Payroll Use Only
W4 Screen ____
NML Payline ____
Comment Screen ____