

SARASOTA COUNTY EMERGENCY SERVICES

Cancellation of Payroll Deduction

To: Nikki Snyder, Payroll Manager
Clerk of the Circuit Court

From: _____

Date: _____

RE: **Cancellation of Payroll Deduction**

I would like to request cancellation of the following deduction:

Deduction Type_____

Deduction Amount (\$) Bi-Weekly_____

Payroll Date to be Stopped (within 30 days of this notice)_____

Employee's Signature

Social Security #