

San Diego Unified School District
Cancellation Notice for Voluntary Payroll Deductions

Employee Name (Last, First)	Employee ID
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Location #	School or Department	Certificated <input type="checkbox"/> Classified <input type="checkbox"/>
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Please cancel my payroll deduction authorization(s) as indicated below:

Deduction	Amount

Employee Signature

Date

For Payroll Use Only

Deduction Code	
Input By	
Input Date	