

To: Chaffey College Payroll Department
Voluntary Deduction Cancellation Notice

Employee: _____ SS # _____
(Please Print)

Please cancel my previously authorized employee voluntary deduction with:

1. _____ (Name of Company) _____ (Amount)
2. _____ (Name of Company) _____ (Amount)
3. _____ (Name of Company) _____ (Amount)
4. _____ (Name of Company) _____ (Amount)

Please make this effective with my next pay check.

Signature: _____ Date _____

Note: Notice of cancellation must be received in the Payroll office no later than the 15th of month to become effective with that pay period.