

CHAFFEY COMM COLLEGE MCP# 48132  
(Employer)

Attention: Payroll Department

Please cancel my previously authorized employee benefit election(s) as follows:

Amount	Company	Benefit	Drop Effective Date

For new or substitute deductions, please see the attached Employee Benefit Election Form.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Chaffey ID Number)

\_\_\_\_\_  
(Date)