



San Diego Unified
SCHOOL DISTRICT

San Diego Unified School District
Cancellation Notice for Voluntary Payroll Deductions

Employee Name (Last, First)		Employee ID
Location #	School or Department	<input type="checkbox"/> Certificated <input type="checkbox"/> Classified

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	