

BOARD OF COUNTY COMMISSIONERS



**REQUEST TO STOP DEDUCTION**

Employee Name: \_\_\_\_\_ Emp. #: \_\_\_\_\_

Please stop my current deduction of \$\_\_\_\_\_ from my pay for

\_\_\_\_\_  
(type of deduction/company's name)

Effective Date: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date