

Faculty/Staff Payroll Cancellation Request:

Temporary employees are not eligible for payroll deduction.

Last Name: _____ First Name: _____ Middle Initial: _____

KSU ID # _____

Department _____

Extension: _____ Email: _____

Payroll deduction cancellation date: _____ Payroll deduction Amount: \$ _____

Previous Payroll Deduction Frequency (Check one below):

Monthly _____ Biweekly _____ One-time Deduction _____

I am a benefits-eligible Kennesaw State University employee and I hereby request that Kennesaw State University cancel the deduction for Recreation or Recreation and EFC Membership Dues from my paycheck as indicated above.

I understand that requests submitted after the 20th of the month, will not be processed until the following month as to not interfere with payroll processing.

Signature

Date

Staff Use Only:

Amount of Deduction: _____ SRAC/43REC _____ EFC/43FIT

Payroll Deduction Cancellation Payroll Deduction Change Effective Date _____