

I do hereby request cancellation of the following deduction(s),
which are being deducted from my semi-monthly earnings, effective: _____

Deduction Code	Type of Deduction	Amount

Name: _____ Empl ID: _____

Signature Date

Internal HR/Payroll Use Only:

Received: _____

Data Entered: _____

Signature: _____

Date: _____

Please print this form.

Send this form to :
 Human Resources/Payroll
 Dept 3140 PO Box 6050
 Fargo ND 58108-6050

Phone (701) 231-8961
 Fax (701) 231-9686