

**SARASOTA COUNTY EMERGENCY SERVICES**

**Cancellation of Payroll Deduction**

To: Nikki Snyder, Payroll Manager  
Clerk of the Circuit Court

From: \_\_\_\_\_

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

RE: **Cancellation of Payroll Deduction**

I would like to request cancellation of the following deduction:

**Deduction Type**\_\_\_\_\_

**Deduction Amount (\$)** Bi-Weekly\_\_\_\_\_

**Payroll Date to be Stopped (within 30 days of this notice)**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employee's Signature**

**Social Security #**