**University of Arkansas, Fayetteville**
**Human Resources**
**(479)575-4851**

# REQUEST TO STOP PAYROLL DEDUCTION

NOTE: This form is only valid for voluntary deductions.

EMPLOYEE NAME _____

SSN or EMPLOYEE ID _____

TYPE OF DEDUCTION _____

CURRENT AMOUNT OF DEDUCTION _____

REASON FOR REQUEST _____

_____

EFFECTIVE DATE _____

_____ _____
EMPLOYEE SIGNATURE DATE

WITNESS _____

**FOR HUMAN RESOURCE USE ONLY**

| BDOE CODE | ENTERED BY: | DATE |
|---|---|---|
| | | |

COMMENTS: _____

_____