University of Arkansas, Fayetteville
Human Resources
(479)575-5351

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: _____

_____