SISTERS SCHOOL DISTRICT #6

VOLUNTARY PAYROLL DEDUCTION TERMINATION

To: Payroll Deparment

From:

Employee Name

Please stop my contribution to:

Name of Entity

Beginning with the pay date of

I understand that in order to restart contributions, a new salary reduction agreement (SRA) must be completed.

Employee's Signature

Date

Employer's Signature

Date

Please return this form to:
Payroll Department
Sisters School District Office
(541) 549-8521 ext. 4013