



Request To Stop Payroll Deduction

NOTE: This form is only valid for voluntary deductions.

Effective Date _____

Employee Name _____

Employee ID _____

Deduction Type _____

Current Deduction Amount _____

Reason For Request _____

Employee Signature

Date

Witness _____

Once completed form can be emailed to: Payroll@uark.edu

For AVCF Use Only

Pay Code	Entered By:	Date

Comments: _____