DUVAL COUNTY SCHOOL BOARD
1701 Prudential Drive
Jacksonville, FL 32207

Payroll Deduction Cancellation Request Form

TODAY'S DATE: _____

NAME OF EMPLOYEE: _____

PERSONNEL NUMBER: _____

POSITION: _____

SCHOOL NUM./NAME: _____

_____ _____
SIGNATURE OF EMPLOYEE DATE

IMPORTANT NOTICE: FOR NON-FLEX BENEFIT DEDUCTIONS ONLY:
DO NOT USE FOR FLEX BENEFITS OR TSA'S

Deduction Code	Deduction Description	Bi-weekly Deduction

For Internal Use Only:

Processed by: _____ Date: _____

Updated 3/3/2014