

# REQUEST FOR PAYROLL ACTION

Name \_\_\_\_\_ ID# \_\_\_\_\_  
(Please print)

⑨ I request the following cancellation be effective on my paycheck of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_ Safeco/MetLife Auto/Home Insurance

\_\_\_\_\_ Black United Fund

\_\_\_\_\_ Federation Membership Dues      ⑨ Classified      ⑨ Faculty  
(Cancellation of membership dues will result in a deduction of Fair Share dues)

\_\_\_\_\_ Cope      ⑨ Classified      ⑨ Faculty

\_\_\_\_\_ Parking Fee (return your parking permit to the parking office)

\_\_\_\_\_ PCC Foundation

\_\_\_\_\_ Prepaid Legal

\_\_\_\_\_ U.S. Savings Bond

\_\_\_\_\_ United Way

\_\_\_\_\_ UNUM Lifestyle Insurance

\_\_\_\_\_ Other \_\_\_\_\_ (specify deduction description)

⑨ I authorize the cancellation of my direct deposit of my net pay to: (bank name) \_\_\_\_\_. I understand that completion of a new authorization will be necessary to initiate a new direct deposit.

This request must be received in the Payroll Office by the 15th of the month.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** For changes or cancellations of Health and/or dental coverage, contact the Employee Benefits Department on extension 5859, 5860 or 5863.

**SEND TO:** Payroll Department, DC 1<sup>st</sup> Floor or Fax to 971-722-2735