



1110.1.2f – Graduate Student Payroll Deduction Authorization Cancellation

Student Information

Name:

Last

First

MI

PID (Student ID):

Campus Address:

Phone number:

Department Information

Dept. Number:

Dept. Name:

Dept. HR Officer:

Phone:

Appointment Information

Type: Graduate Assistant

Payroll Cycle: Biweekly ""OR ""Monthly

Research Assistant

Teaching Assistant

Semester Amount:

Registration Information

Term Information: Fam ""OR ""Spring

Year:

I understand that my payroll deduction will be terminated within the pay cycle that Payroll Services is in receipt of this form.

Graduate Student Signature

Date

- Distribution:
1. Original to Cashier
2. Copy to Student
3. Copy to Department files

Cashier/Payroll Use Only:

Date received by University Cashier _____

Date received by Payroll Services _____

Pay period to be effective _____