



**DEPARTMENT OF FINANCE
EMPLOYEE BENEFITS DIVISION**
141 PRYOR STREET, S.W., SUITE 7001
ATLANTA, GEORGIA 30303
TELEPHONE (404) 612 -7605
EMAIL: payrollunit@fultoncountyga.gov
FAX: (404) 730-7610

PAYROLL DEDUCTION CANCELLATION FORM

TO: PAYROLL AND BENEFITS DIVISION
FROM: EMPLOYEE NAME (PRINT LEGAL NAME):

EMPLOYEE ID#: _____
DEPARTMENT: _____
CONTACT PHONE NUMBER: _____

CANCEL THE FOLLOWING DEDUCTION(S) FROM MY PAYCHECK, EFFECTIVE IMMEDIATELY *(See below Payroll deadline note)*

NAME OF DEDUCTION(S) _____

PARKING DEDUCTION: Cancellation **MUST** include authorizing **Parking Coordinator** signature below:
General Services Dept, Parking Level of Govt. Service Center, (404) 612-5900

Signature: _____ Date: _____

FITNESS DEDUCTION: Cancellation **MUST** include authorizing **Fitness Coordinator** signature below:
Donnie Coley, Fitness Center, 4th Floor of Govt. Service Center (404) 612-7083

Signature: _____ Date: _____

* **Payroll Deadline:** This form must be received in the Finance Department by 12 noon on the Friday before pay day for the change to reflect on the next upcoming pay day.

Completed payroll documents received after the payroll deadline will be processed for the next pay period.

EMPLOYEE SIGNATURE _____ DATE _____