



# COACHELLA VALLEY UNIFIED SCHOOL DISTRICT

P.O. BOX 847, Thermal, CA 92274 phone (760) 399-5137 fax (760) 399-5517

Change or Cancel – Voluntary Payroll Deduction

TO: Payroll Department

FROM: \_\_\_\_\_  
Employee Name Social Security #

CHANGE Please change my \_\_\_\_\_ deduction  
From \$ \_\_\_\_\_ to \$ \_\_\_\_\_ effective \_\_\_\_\_

CANCEL Please cancel my \_\_\_\_\_ deduction  
Effective \_\_\_\_\_

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