



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

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) _____

UNGROUND PARKING PAYROLL DEDUCTION:

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

Parking Coordinator 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 _____