UINTAH SCHOOL DISTRICT

Authorization to STOP Payroll Deduction

I, _____, authorize Uintah School District
name
to STOP deducting from my payroll check the amount of $ _____

The payroll deduction to be stopped is from _____.
name of company

Stop deduction on: _____
date

_____
Employee Signature

_____
ID Number (last four digits of SSN)

_____
Date