

State of Nevada - Cancellation of Deduction

Name (Printed) Effective Date
(Last) (First) (Middle)

Employee ID

I request the cancellation of the following deduction
(Deduction Type)

Employee Signature Date

Payroll Use Only

Entered (Initials) Date

Approved (Initials) Date

A separate cancellation of deduction form is required for each deduction type.

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