

State of Nevada - Cancellation of Deduction

Name
(Printed)

(Last) (First) (Middle)

Effective Date

/ /

Employee ID

-

Appointment ID

I request the cancellation of the
following deduction

(Deduction Type)

Employee
Signature

Date

/ /

Payroll Use Only

Entered (Initials)

Date

/ /

Approved (Initials)

Date

/ /

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