

PRINT NAME

EMPLOYEE NO

LAST

FIRST

MI

LOS ANGELES UNIFIED SCHOOL DISTRICT
SALARY DEDUCTION DISCONTINUANCE REQUEST

DEDUCTION TO DISCONTINUE

DEDUCTION OR ORGANIZATION NAME

TO: LOS ANGELES CITY BOARD OF EDUCATION

You are hereby directed to discontinue my Payroll salary deduction for the contributions payable to the organization named above. I understand and agree that the Los Angeles City Board of Education or its representative (s) acting under this authorization shall not be liable in any manner for failure or delay on it's (his/her) part in connection with discontinuing this payroll salary deduction for me.

Employee Signature

Date

Fax this card to (213) 241-6913 or Mail to Payroll Administration, 333 S. Beaudry Ave., 27th Floor, Los Angeles, CA 90017

For cancellation of charitable organization only.