



**SANTA MONICA COLLEGE**  
**OFFICE of HUMAN RESOURCES**

**VOLUNTARY DEDUCTION CANCELLATION FORM**

PLEASE CANCEL MY VOLUNTARY DEDUCTION FOR \_\_\_\_\_

\_\_\_\_\_, IN THE AMOUNT OF \$\_\_\_\_\_. THIS IS TO BE

EFFECTIVE \_\_\_\_\_.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**EMPLOYEE CLASSIFICATION**

- FULL-TIME FACULTY
- PART-TIME FACULTY
- CLASSIFIED
- ACADEMIC ADMINISTRATOR
- CLASSIFIED MANAGER
- CONFIDENTIAL

**PLEASE RETURN THIS FORM TO THE OFFICE OF HUMAN RESOURCES - EMPLOYEE BENEFITS**