

EMPLOYEE INFORMATION

First Name _____ Middle _____ Last Name _____

Employee ID # _____ Department _____

I am paid on the: Monthly Payroll Bi-weekly Payroll

I wish to cancel my payroll deduction for the following program(s):

- NC State Annual Fund (NCAF)
- State Employees' Combined Campaign (SECC)
- UE Local 150
- University Club Membership Fees

To cancel benefits not listed above, please contact:

Gym Membership - University Recreation (919) 515-7529
 Cooperative Extension Employees - CALS Personnel Office (919) 515-2708
 State Employee Association of North Carolina - SEANC Office (800) 222-2758
 All other benefits - Human Resources' Benefits Office (919) 515-2151

I understand that this form must be received in the University Payroll office by the 10th of the month for this change to be effective for that month. Forms received after the 10th will be effective the following month.

Signature _____ Date _____

Submit completed form to University Payroll

Mailing Address:
 Campus Box 7233
 Raleigh, NC 27695-7233

Fax# 919-515-4320

Physical Address:
 Administrative Services - Bldg II
 2711 Sullivan Dr., Suite 200