

**Dougherty County School System
Human Resources**

**Statement To Discontinue Payroll Deductions
(for Professional Dues/Donations)**

I no longer wish to have payroll deductions for:

Please check the appropriate box.	
<input type="checkbox"/>	Georgia State Employees Union, Local 1985
<input type="checkbox"/>	Prepaid Legal Services
<input type="checkbox"/>	United Way

Effective Date: _____

SSN:	Emp #:	Location:
Employee Signature:		Date:

This form should be returned to Human Resources-Payroll Office.

Date Sent To Payroll: _____ **Deduction Code:** _____