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## Cancellation of Payroll Deduction for Recreation Center Membership

### Request to Stop Payroll Deduction:

I hereby request to stop the Recreation Center payroll deduction effective \_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
College Department

\_\_\_\_\_  
Office Phone Number

### Type of Membership:

- \$25.50 TSC Faculty/Staff
- \$51.00 TSC Faculty/Staff & Spouse

Total amount of monthly payroll deduction: \$ \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Cancellation of payroll deduction must be approved by Recreation Center staff before being submitted to the Office of Human Resources for processing:**

\_\_\_\_\_  
Recreation Center Signature

\_\_\_\_\_  
Date

### Please return completed form to:

Texas Southmost College  
Office of Human Resources

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date