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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 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 Tandy Hall, Room 105 956-295-3770 Human Resources Signature Date