

457 Salary Reduction CANCELLATION FORM

SOUTH COAST EDUCATION SERVICE DISTRICT REGION #7
NORTH SERVICE CENTER
1350 Teakwood
Coos Bay, OR 97420

I _____ hereby request that my 457 Salary reduction with
Employees Name

Oregon Savings Growth Plan be terminated effective my next regular payroll of

_____.

I understand that changes can only take effect by the last business day of the month, when received by the 16th of that same month.

Employee's Signature

_____/_____/_____
Date

FOR SCESD FISCAL USE ONLY:

DATE RECEIVED ____/____/____

RECEIVED BY: _____

DATE SENT TO VENDOR: ____/____/____