

Sussex-Wantage Regional School District
27 Bank Street
Sussex, NJ 07461
973-875-3175

DISCONTINUE SUMMER PAYROLL FORM

Please return this form to your Payroll Department to complete the enrollment process.

AUTHORIZATION

I authorize my employer to discontinue the Summer Payroll Program

EMPLOYEE INFORMATION

PRINT Employee Name: _____

Employee Signature: _____

Date: _____