

DATE: _____

DISTRICT: _____

San Diego County Office of Education

EXPLANATION OF CANCELLATION

Employee Name	Social Security No.	Payroll Date and Explanation of Cancellation	To be Rewritten <i>(circle one)</i>
_____	_____	_____	yes/no
_____	_____	_____	yes/no
_____	_____	_____	yes/no
_____	_____	_____	yes/no
_____	_____	_____	yes/no

Authorized Signature