

REQUEST FOR REFUND  
JUSTICE ADMINISTRATIVE COMMISSION  
Human Resources Department

Date: \_\_\_\_\_

Employee: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Company: \_\_\_\_\_

Deduction Code: \_\_\_\_\_ Group Number \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Additional Pay Periods: \_\_\_\_\_

Total Refund: \$\_\_\_\_\_

Check Payable to: \_\_\_\_\_

Mail To: Emily Reker  
Justice Administrative Commission  
Human Resources Department  
227 North Bronough Street, Ste. 2100  
Tallahassee, FL 32301  
Phone: (850) 413-0008, Email: [posttaxbenefits@justiceadmin.org](mailto:posttaxbenefits@justiceadmin.org)

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Comments:

