

MISCELLANEOUS DEDUCTION PAYMENT
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
Bureau of Personnel Services

Date: _____

Company: _____

Deduction Code: _____

Employee: _____

Social Security Number: _____ - _____ - _____

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Comments:

Contact: EMILY REKER
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF PERSONNEL SERVICES
3900 COMMONWEALTH BLVD., MS 70
TALLAHASSEE, FLORIDA 32399-3000
Phone: (850) 245-2517, Email: Emily.Reker@dep.state.fl.us

