

REQUEST FOR REFUND
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
Bureau of Personnel Services

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
Florida Department of Environmental Protection
Bureau Of Personnel Services
3900 Commonwealth Blvd, MS 70
Tallahassee, FL 32399-3000
Phone: (850) 245-2517, Email: Emily.Reker@dep.state.us

.....

Comments:

