

REQUEST FOR REFUND
FLORIDA DEPARTMENT OF TRANSPORTATION
Central Personnel Office

Date: _____

Employee: _____

Social Security Number: _____ - _____ - _____

Company: _____

Deduction Code: _____ Group Number _____

Pay Period Ending: _____/_____/_____

Additional Pay Periods: _____

Total Refund: \$_____

Check Payable to: _____

Mail To: Anne Marie Hough
Florida Department of Transportation
Central Personnel Office
605 Suwannee St, MS 50
Tallahassee, FL 32399-0450
Phone: (850) 414-4916, Email: Annemarie.hough@dot.state.fl.us

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Comments:

