

REQUEST FOR REFUND
AGENCY FOR PERSON WITH DISABILITIES
Human Resources, Headquarters

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
Agency for Persons With Disabilities
Human Resources, Headquarters
1317 Winewood Boulevard
Building 1, Room 133A
Tallahassee, Florida 32399-0700
Phone: (850) 717-4559, Email: AnneMarie.Hough@apdcares.org

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Comments:

