

REQUEST FOR REFUND
FLORIDA DEPARTMENT OF LAW ENFORCEMENT
Human Resource, 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
Florida Department of Law Enforcement
Office of Human Resources
Room B1091
P.O. Box 1489
Tallahassee, FL 32302-1489
Phone: (850) 410-7194, Email: AnneMarieHough@fdle.state.fl.us

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Comments:

