

MISCELLANEOUS DEDUCTION PAYMENT  
FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES  
Human Resources, Headquarters

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Deduction Code: \_\_\_\_\_

Employee: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Comments:

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