

REQUEST FOR REFUND  
FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES  
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  
Department of Children and Families  
Human Resources, Headquarters  
1317 Winewood Boulevard  
Building 1, Room 133A  
Tallahassee, Florida 32399-0700  
Phone: (850) 717-4559, Email: [HQW.HR.Employee.benefits@myflfamilies.com](mailto:HQW.HR.Employee.benefits@myflfamilies.com)

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Comments:

