

MISCELLANEOUS DEDUCTION PAYMENT  
FLORIDA DEPARTMENT OF CORRECTIONS  
Bureau of Personnel

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

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

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

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

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

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Comments:

Contact: TAYLOR BROWNELL  
FLORIDA DEPARTMENT OF CORRECTIONS  
BUREAU OF PERSONNEL  
501 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 32399-2500  
Phone: (850) 717-3223, Email: Taylor.Brownell@FDC.MyFlorida.com

