

MISCELLANEOUS DEDUCTION PAYMENT
FLORIDA DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
Bureau of Personnel Services

Date: _____

Company: _____

Deduction Code: _____

Employee: _____

Social Security Number: _____ - _____ - _____

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Comments:

Contact: TAYLOR BROWNELL
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BUREAU OF PERSONNEL SERVICES
DIVISION OF ADMINISTRATIVE SERVICES
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