

**REQUEST FOR REFUND**  
**FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**  
Bureau of Personnel Management, Headquarters

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

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

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

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

Deduction Code: \_\_\_\_\_ Group Number \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Additional Pay Periods: \_\_\_\_\_

Total Refund: \$ \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Mail To: Taylor Brownell  
Department of Agriculture and Consumer Services  
Bureau of Personnel Management, Head Quarters  
501 South Calhoun Street, Room 343D-7  
Tallahassee, Florida 32399-2500  
Phone: (850) 717-3223, Email: [posttaxbenefits@freshfromflorida.com](mailto:posttaxbenefits@freshfromflorida.com)

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Comments:

