

REQUEST FOR REFUND
FLORIDA DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
Bureau of Personnel Services

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
Florida Department of Highway Safety & Motor Vehicles
Bureau Of Personnel Services
Division of Administrative Services
2900 Apalachee Parkway, MS 30
Neil Kirkman Building, Room A413
Tallahassee, Florida 32399-0500
Phone: (850) 617-3298, Email: PostTaxBenefits@flhsmv.gov

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Comments:

