

PAYROLL DEDUCTION AUTHORIZATION

Florida Department of Health

****FOR EMPLOYEE USE ONLY****

Attn: Emily Reker
Post-Tax Benefits Coordinator
Human Resource Department

Phone (850) 245-4184
Emily.Reker@flhealth.gov

START DEDUCTION (Credit Union Deductions Only)

Please start my payroll deduction under code _____ for \$_____._____ effective with my pay warrant dated ____/____/____.

CHANGE DEDUCTION

Please change my payroll deduction under code _____ from \$_____._____ to \$_____._____ effective with my pay warrant dated ____/____/____.

Please change my payroll deduction under code _____ from \$_____._____ to \$_____._____ effective with my pay warrant dated ____/____/____.

CANCEL DEDUCTION

Please stop my payroll deduction under code(s) _____ effective with my pay warrant dated ____/____/____.

Employee Name

Employee Signature

People First ID#

Date

_____-_____-_____
Last 5 of SSN

Email