

PAYROLL DEDUCTION AUTHORIZATION

Florida Department of Health

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

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

Phone (850) 933-4731
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 (Credit Union Deductions Only)

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