

REQUEST FOR REFUND
FLORIDA DEPARTMENT OF CORRECTIONS
Bureau of Personnel

Date: _____

Employee: _____

Social Security Number: _____ - _____ - _____

Company: _____

Deduction Code: _____ Group Number _____

Pay Period Ending: _____/_____/_____

Additional Pay Periods: _____

Total Refund: \$ _____

Check Payable to: _____

Mail To: KAREN VIRGADAMO
FLORIDA DEPARTMENT OF CORRECTIONS
BUREAU OF PERSONNEL
2601 BLAIRSTONE ROAD
TALLAHASSEE, FL 32399-2500
Phone: (850) 413-0788, Email: virgadamo.karen@mail.dc.state.fl.us

.....

Comments: