

REQUEST FOR REFUND  
FLORIDA DEPARTMENT OF JUVENILE JUSTICE  
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: GINA LOWELL  
FLORIDA DEPARTMENT OF JUVENILE JUSTICE  
BUREAU OF PERSONNEL  
KNIGHT BUILDING  
2737 CENTERVIEW DRIVE  
TALLAHASSEE, FL 32399-3100  
Phone: (850) 921-6701, Email: [georgina.lowell@djj.state.fl.us](mailto:georgina.lowell@djj.state.fl.us)

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Comments: