

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

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Comments:

