

REQUEST FOR REFUND
FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
Bureau of Personnel Management, Headquarters

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
 DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
 BUREAU OF PERSONNEL MANAGEMENT, HEADQUARTERS
 407 SOUTH CALHOUN STREET
 TALLAHASSEE, FLORIDA 32399-0800
 Phone: (850) 413-0788, Email: virgadm@doacs.state.fl.us

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Comments: