

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: NICHOLE THEIS
DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
BUREAU OF PERSONNEL MANAGEMENT, HEADQUARTERS
407 SOUTH CALHOUN STREET
TALLAHASSEE, FLORIDA 32399-0800
Phone: (850) 717-3223, Email: nichole.theis@freshfromflorida.com

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Comments:

