

REQUEST FOR REFUND  
FLORIDA DEPARTMENT OF TRANSPORTATION  
Central Personnel Office

Date: \_\_\_\_\_

Employee: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Company: \_\_\_\_\_

Deduction Code: \_\_\_\_\_ Group Number \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Additional Pay Periods: \_\_\_\_\_

Total Refund: \$\_\_\_\_\_

Check Payable to: \_\_\_\_\_

Mail To: TRINA BROWN  
FLORIDA DEPARTMENT OF TRANSPORTATION  
CENTRAL PERSONNEL OFFICE  
605 SUWANNEE ST, MS 50  
TALLAHASSEE, FL 32399-0450  
Phone: (850) 414-4916, Email: trina.brown@dot.state.fl.us

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Comments:

