

**FLORIDA DEPARTMENT OF CORRECTIONS
TERMINATION OF STAFF HOUSING AGREEMENT**

This form must be completed and signed by the Warden or his/her representative and submitted to the Service Center Personnel Office in order for employee payroll deductions to be removed.

EMPLOYEE INFORMATION:

Name: _____ People First ID#: _____

Job Title: _____ Institution: _____

Reason for Housing Termination: _____

Housing Type: Please Mark One.

- | | | | | | |
|--------------------------|-----------------------|--------------------------|-------------------|--------------------------|--------|
| <input type="checkbox"/> | Officer Quarters Room | <input type="checkbox"/> | Mobile Home Space | <input type="checkbox"/> | Duplex |
| <input type="checkbox"/> | Mobile Home | <input type="checkbox"/> | Apartment | <input type="checkbox"/> | Home |

Lot Number Assignment: _____

Effective Date Residence to be Vacated: _____

Forwarding Address: _____

Signature of Employee

Date

Signature of Warden

Date

ACTION BY SERVICE CENTER PERSONNEL OFFICE:

Biweekly Payroll Deductions at Fixed Rate: \$ _____ Rent (Code: _____)
\$ _____ Utilities (Code: _____)

Removal of biweekly payroll deductions effective on: _____

Date Processed

Signature of Service Center Representative