

**COMMONWEALTH OF VIRGINIA  
EXCEPTION/DISCREPANCY RESPONSE FORM**

To: FBMC Commonwealth of Virginia Processor      Date: \_\_\_\_\_

From: Judy Dotson, Payroll Officer      Agency #: 287

Phone Number: (540) 863-2807      Agency Name: Dabney S. Lancaster Community College

**FBMC Consolidated Billing-125 Department**  
Please fax form to 850-514-5803

Employee Name: \_\_\_\_\_      SSN: \_\_\_\_\_

**These corrections apply to (check applicable box):**

- Pre-tax TSA Contributions
- Post Tax products or
- Both

**MONIES EXPECTED NONE RECEIVED:**

- Employee separated from state service (terminated, resigned, retired).**  
Benefit End Date: \_\_\_\_\_
  
- Employee is on "Leave Without Pay".**  
Effective Date of Leave: \_\_\_\_\_      Expected Return Date: \_\_\_\_\_
  
- Employee transferred to another agency.**  
New Agency # & Name: \_\_\_\_\_  
Effective Date of transfer: \_\_\_\_\_
  
- Other.** \_\_\_\_\_

**MONIES RECEIVED NONE EXPECTED:**

- SRA & /or Cash Match form attached.**
  
- SDA form attached.**
  
- Other.** \_\_\_\_\_

**AMOUNT RECEIVED DIFFERENT THAN EXPECTED:**

- POST TAX - Employee canceled (Benefit)** \_\_\_\_\_  
Benefit End Date: \_\_\_\_\_
  
- PRE TAX - SRA form attach canceling deduction.**
  
- Employee changed or added a benefit. SDA, SRA & /or Cash Match form attached, as appropriate.**
  
- Other.** \_\_\_\_\_