



**OREGON STATEWIDE
PAYROLL SERVICES
(OSPS)**

(503) 378-3518 fax

E-mail:

OSPS.Help@das.oregon.gov

Online Resource Center:

<http://go.usa.gov/bEJP>

**INSTRUCTIONS TO PAYROLL
OFFICES:**

1. Complete this form online at <http://go.usa.gov/bEJP>
2. Verify all required fields are complete.
3. Ensure your agency number appears on the form.
4. Click "Submit" below to email or fax (if there is a tax ID or SSN) to OSPS at 503.378.3518.

Database Updated
 1099 Flag Set or N/A
 Processed by: _____

Code Issued: _____

Received Date Stamp

WAGE GARNISHMENT CODE REQUEST FORM

Use this form to request new wage attachment codes like garnishments, levies, or child support.

Limitation: No codes are added on the two days between prelim and final payroll cutoffs twice a month.

Type of Request:

<input type="checkbox"/> New Code Request (please fill in all sections of the form)	<input type="checkbox"/> Change of address for Existing Code: _____	<input type="checkbox"/> Addition of Tax ID for Existing Code: _____
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Pre-request agency checklist:

- Garnishment code list searched for existing code (use Ctrl +F to bring up a search box)
- Verified this is not a Voluntary Wage Agreement (tax liabilities excluded)
- Tax Identification Number* included for checks payable to an attorney

Check Payable To (Payee): (Attorney/Vendor Name - LIMIT: 35 characters)

Payee is:

An Attorney or attorney's firm ----- Tax ID# * _____

An individual, non-attorney A Business, non-attorney

Street Address (30 characters)	City (20 characters)	State (2)	ZIP +4 (9 chars)
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Pay Stub Display (12 chars)	Telephone Number (xxx-xxx-xxxx)
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Effective Date: (Pay Period Ending)	<input type="checkbox"/> Run 1 <input type="checkbox"/> Run 2
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Agency Notes (optional)

*Tax Identification Number (TIN) could be a Social Security Number (SSN) or an Employer Identification Number (EIN). Recommended backup documentation: W-9 form, email or notation with the attorney's TIN provided, etc.

I certify that this request complies with the applicable collective bargaining agreement, statewide HR policy, or agency policy. In the event of an audit, I can support this request with internal documentation.

Agency Number: _____

Signature: _____ Date: _____

Print Name: _____