



**OREGON STATEWIDE  
PAYROLL SERVICES  
(OSPS)**

(503) 378-3518 fax

E-mail:

[OSPS.Help@oregon.gov](mailto:OSPS.Help@oregon.gov)

Online Resource Center:

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

**INSTRUCTIONS TO PAYROLL  
OFFICES:**

1. Complete this form online at <http://go.usa.gov/bEJk>
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"/> <b>New Code Request</b> (please fill in all sections of the form)	<input type="checkbox"/> <b>Change of address for Existing</b> Code: _____	<input type="checkbox"/> <b>Addition of Tax ID for Existing</b> 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

<b>Check Payable To (Payee):</b> (Attorney/Vendor Name - LIMIT: 35 characters)
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<b>Payee is:</b>
<input type="checkbox"/> An Attorney or attorney's firm ----- Tax ID# * _____ <input type="checkbox"/> An individual, non-attorney <input type="checkbox"/> A Business, non-attorney

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