

NOTICE OF WAGE GARNISHMENT / WITHHOLDING ORDER

Payroll Department Confidential Document

Date: _____ Company Name: _____

EMPLOYEE INFORMATION

Employee Name: _____

Employee ID: _____ SSN (Last 4 digits): _____

GARNISHMENT ORDER DETAILS

Issuing Agency/Court: _____

Case/Order Number: _____ Date of Order: _____

Garnishment Type: _____ Effective Pay Period: _____

WITHHOLDING CALCULATIONS

Description	Calculation Base / Rate	Amount to Withhold (\$)
Gross Earnings per Pay Period		
Mandatory Deductions (Taxes, etc.)		
Disposable Earnings		
Garnishment Deduction Amount		
Administrative Fee (if applicable)		
Net Pay After Garnishment		

IMPORTANT NOTICE TO EMPLOYEE

Please be advised that your employer has received a legal order to withhold a portion of your wages as detailed above. We are legally obligated to comply with this order commencing on the effective pay period indicated. These deductions will continue until the order is satisfied, modified, or released by the issuing agency or court of competent jurisdiction. If you believe this withholding is in error or wish to dispute the amount, please contact the issuing agency/court listed above directly. The payroll department cannot alter the terms of this order without official written modification from the issuing authority.

Payroll Administrator Signature

Date

Employee Signature (Acknowledgment of Receipt)

Date