

Employer's Notification of Earnings Garnishment

Employee Information

Employee Name:

Employee ID/Number:

Employee Address:

Employer Information

Employer Name:

Employer Address:

Garnishment Details

Date of Garnishment Order:

Garnishment Order Number:

Amount to be Withheld (per pay period):

Effective Date:

Remittance Details

Remit Payment To (Name):

Remit Payment To (Address):

Employer Representative Signature:

Date Signed: