PAYROLL PROCEDURES MANUAL

SECTION Z - INDEX -- H
(Revised 01/08)

Betty T. Yee
California State Controller

THE ATTACHED WARRANT NO. _____ REPRESENTS PURSUANT TO ONE OF THE FOLLOWING: THE WRIT OF EXECUTION, NOTICE OF TAX LEVY, VOLUNTARY SUPPORT DEDUCTION OR COURT ORDER FOR ASSIGNMENT OF WAGES IDENTIFIED BELOW. IN COMPUTING THE AMOUNT PAYABLE, DEDUCTIONS HAVE BEEN MADE IN ACCORDANCE WITH THE APPLICABLE LAW FROM THE AMOUNT OWING AND UNPAID BY THE STATE TO THE EMPLOYEE.

EMPLOYEE"S SOCIAL SECURITY ACCOUNT NUMBER:
PAY PERIOD:

EMPLOYEE"S NAME:
PAYROLL WARRANT NO:

DEPARTMENT NAME:
AGENCY/UNIT CODE:

DATE COURT ORDER, WRIT OR LEVY RECEIVED BY EMPLOYING AGENCY:

WARRANT PAYABLE TO:	ISSUE DATE:
CASE NUMBER:	AMOUNT:
BILLING NO: _____	

- PAYEE ADDRESS:

_____

- PLAINTIFF OR PETITIONER:

_____

- TITLE OF ACTION:

_____

ATTEN: DEPARTMENT PERSONNEL
IMPORTANT: If the employee's payroll warrant (see above for warrant No.) is/was returned to Division of Disbursements for any reason, the attached warrant must also be returned immediately.

- To be entered by department before transmitting to the payee

CD 155 (9/93) TRANSMITTAL OF CONTROLLER'S WARRANT

–AGENCY COPY–

GARNISHMENT DOCUMENTATION EXAMPLES INDEX

(FORM STD. 639 (Rev. 04/2005) AND PPSD 638 (Rev. 10/2006)

▶ Ordered Assignment of Wages   (Example 1)

Filed under FC 5200 et seq. received in the office on 09/05/98. Monthly
deduction amount of $500.00 to be taken.

▶ Modification to Court Ordered Assignment of Wages, with Arrears Support   (Example 2)
  Also Due

Filed under FC 5200 et seq. received in the office on 11/11/98. In addition to
the $500.00 monthly deduction, employee now has an arrears of $2,000.00 to
be taken at $250.00 per month.

▶ Court Ordered Assignment of Wages, with Arrears Support Also Due   (Example 3)

Filed under FC 5200 et seq. received in the office on 09/15/98. Monthly
deduction amount of $400.00 to be taken. Additionally, employee owes
arrears of $1,800 with $200.00 to be taken per month.

▶ Modification to Court Ordered Assignment of Wages, Increased Monthly   (Example 4)
  Deduction

Received in the office on 11/02/98. Monthly deduction of $400.00 has been
increased to $700.00. The arrears are now showing a zero amount due.

▶ Cancel Arrears Support   (Example 4.1)

▶ Federally Guaranteed Student Loan (Higher Education Act of 1965: 20   (Example 5)
  USCA Section 1095a.) 10% of Disposable to be Taken Each Month Until
  Total Amount Has Been Withheld

Total owed is $5,000.00. Disposable earnings for this employee is $2,419.73
per month.

▶ FTB Child Support Collection Program   (Example 6)

Received in the office on 09/19/98. Amount owed is $11,250.00.

▶ Earnings Withholding Order   (Example 7)

Filed under CCP 706.125 received in the office on 10/19/98. Total amount
owed is $3,645.00.

▶ Modification to Earnings Withholding Order   (Example 8)

Received in the office on 10/26/98. Modifying the order to show a specific
amount per month of $150.00. 25% of disposable earnings, $474.39 was
taken from the 10/98 Master Pay. Accounting split the garnishment warrant.
$150.00 was sent to the payee and the remaining $342.39 was refunded to
the employee.

▶ STD. 674 Returning Pay for Garnishment to be Withheld (Example 9)

▶ Court ordered Assignment of Wages (Example 10)

File under FC 5200 et seq. received in the office on 12/29/2006. Monthly deduction amount of $500.00 to be taken.

▶ Court ordered Assignment of Wages with Arrears child support also due (Example 11)

Filed under FC 5200 et seq. received in the office on 01/23/2007. Monthly deduction amount of $350.00 to be taken. In addition, the employee now has an arrears of $99,999.99 to be taken as a percentage amount. The $99,999.99 was established because the court order did not have a total amount for the arrears.

▶ Earnings Withholding Order for Child or Family Support (Example 12)

Filed under CCP Section 706.030 received in the office on 12/13/2006. Total arrears amount of $10,000 with $200.00 to be taken monthly.

▶ Modification to Court ordered Assignment of Wages, decrease monthly deduction amount (Example 13)

Received in office on 12/29/2006. Monthly deduction amount decreased from $500.00 to $300.00 per month.

▶ Cancel Earnings Withholding order for Child or Family Support (Example 14)

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

SALARY GARNISHMENT

STD. 639 (REV. 4/2005)

Reference Payroll Procedures
Manual Section H 300

NOTE: SUBMIT ORIGINAL AND ONE COPY TO THE STATE CONTROLLER'S GARNISHMENT UNIT.
IF FAXED, FAX *ONLY ONCE* AND *DO NOT* SUBMIT A HARD COPY.

DOCUMENT   NUMBER

1. AGENCY NAME	4. POSITION NUMBER			
COMPLETE	(Agency)	(Unit)	(Class)	(Serial)

2. SOCIAL SECURITY NUMBER	3. NAME (F.I.) (M.I.) (LAST)	
	COMPLETE	**COMPLETE**

5. EFFECTIVE DATE	6. ACTION TYPE		
09/15/01	☐ NEW	☐ MODIFICATION OR CORRECTION OF ITEM _____	☐ CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE _____

7. PAY FREQUENCY   [X] MONTHLY   ☐ SEMI-MONTHLY   ☐ BI-WEEKLY

8. GARNISHMENT TYPE (038)

A. [X] COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)

$ **500.00**   (Monthly Amount)

$ **500.00**   (Deduction Amount per Pay Period)

☐ DEDUCTION AMOUNT CHANGED FROM $ _____
(Must be completed   if changing 8A)

9.   TOTAL GARNISHMENT   AMOUNT

B. (399/002) ☐ EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.)
(including FTB Child Support Collection Program, Revenue & Taxation Code 19271) $

C. (339/003) ☐ CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)

(1) NUMBER OF DEPENDENTS (Must be at least one for employee) _____

(2) STANDARD DEDUCTIONS
☐ 1 - SINGLE   ☐ 3 - MARRIED FILING SEPARATELY
☐ 2 - MARRIED FILING JOINTLY   ☐ 4 - HEAD OF HOUSEHOLD   ☐ 5 - SURVIVING SPOUSE

$

D. (339/004) ☐ EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); FTB REGISTRATION COLLECTION PROGRAM (Revenue & Taxation Code 10878); FTB STUDENT LOAN COLLECTIONS (GC 16583.5); BOARD OF EQUALIZATION FOR TAXES (CCP 706.074); UNEMPLOYMENT INSURANCE (UI Code 1755); FTB COURT-ORDERED DEBT COLLECTIONS (Revenue & Taxation Code 19280) $

E. (339/007) ☐ EARNINGS WITHHOLDING ORDER (CCP 706.125): $

F. (339/008) ☐ Federally Guaranteed Student Loan (Higher Education Act of 1965: 20 USCA Section 1095a.) $

10. ☐ SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE. $

11.   COMPLETE ONLY IF COURT SPECIFICALLY STATES   (May only be completed with 8B, 8C, 8D, 8E, and 8F.)

A. ☐ TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D) _____

B. ☐ MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8C, copy of IRS Form 668D must be attached.) $ _____

C. ☐ SUPPORT EXEMPTION AMOUNT $ _____

D. ☐ SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be attached.) $ _____

12.   WARRANT TO BE MADE PAYABLE TO

Must be completed   Levying Officer File Number / Case Number

Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments (8B and 8E above). All others, enter Case Number.   ☞   **COMPLETE**

INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. (Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)   ☞   **COMPLETE**
COMPLETE
COMPLETE
COMPLETE

13.   REMARKS

14. FORM COMPLETED BY	TELEPHONE NUMBER AND EXTENSION	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660	
COMPLETE	**COMPLETE**	AUTHORIZED SIGNATURE **COMPLETE**	DATE **COMPLETE**
		TYPED NAME	

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE
SALARY GARNISHMENT
STD. 639 (REV. 4/2005)

Reference Payroll Procedures
Manual Section H 300

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1. AGENCY NAME **COMPLETE**	4. POSITION NUMBER (Agency) (Unit) (Class) (Serial)
2. SOCIAL SECURITY NUMBER 3. NAME (F.I.) (M.I.) (LAST) **COMPLETE**	**COMPLETE**

5. EFFECTIVE DATE **11/21/01**   , 6. ACTION TYPE   [X] NEW   [ ] MODIFICATION OR CORRECTION OF ITEM _____   [ ] CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE _____

7. PAY FREQUENCY   [X] MONTHLY   [ ] SEMI-MONTHLY   [ ] BI-WEEKLY

8. GARNISHMENT TYPE (038)

A. [ ] COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)
$ _____ (Monthly Amount)
$ _____ (Deduction Amount per Pay Period)
[ ] DEDUCTION AMOUNT CHANGED FROM $ _____
(Must be completed if changing 8A)

9. TOTAL GARNISHMENT AMOUNT

B. (399/002) [X] EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) *(including FTB Child Support Collection Program, Revenue & Taxation Code 19271)*
$ **2,000.00**

C. (339/003) [ ] CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)
(1) NUMBER OF DEPENDENTS *(Must be at least one for employee)* _____
(2) STANDARD DEDUCTIONS
[ ] 1 - SINGLE   [ ] 3 - MARRIED FILING SEPARATELY
[ ] 2 - MARRIED FILING JOINTLY   [ ] 4 - HEAD OF HOUSEHOLD   [ ] 5 - SURVIVING SPOUSE
$

D. (339/004) [ ] EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); FTB REGISTRATION COLLECTION PROGRAM *(Revenue & Taxation Code 10878)*; FTB STUDENT LOAN COLLECTIONS *(GC 16583.5)*; BOARD OF EQUALIZATION FOR TAXES *(CCP 706.074)*; UNEMPLOYMENT INSURANCE *(UI Code 1755)*; FTB COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)*
$

E. (339/007) [ ] EARNINGS WITHHOLDING ORDER *(CCP 706.125)*:
$

F. (339/008) [ ] Federally Guaranteed Student Loan *(Higher Education Act of 1965: 20 USCA Section 1095a.)*
$

10. [ ] SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE.
$

11. COMPLETE ONLY IF COURT SPECIFICALLY STATES   *(May only be completed with 8B, 8C, 8D, 8E, and 8F.)*

A [ ] TERMINATION DATE OF EARNINGS WITHHOLDING ORDER *(NOT APPLICABLE TO 8D)* _____

B [ ] MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH *(If 11B is used for 8C, copy of IRS Form 668D must be attached.)* $ _____

C [ ] SUPPORT EXEMPTION AMOUNT $ _____

D [X] SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH *(If 11D is used for 8C, copy of IRS Form 668D must be attached.)* $ **250.00**

12. WARRANT TO BE MADE PAYABLE TO   Must be completed   Levying Officer File Number / Case Number

Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments (8B and 8E above). All others, enter Case Number. ☞ **COMPLETE**

INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. *(Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)* ☞ **COMPLETE** **COMPLETE** **COMPLETE** **COMPLETE**

13. REMARKS

14. FORM COMPLETED BY **COMPLETE**	TELEPHONE NUMBER AND EXTENSION **COMPLETE**	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660
		AUTHORIZED SIGNATURE **COMPLETE** DATE **COMPLETE**
		TYPED NAME

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

SALARY GARNISHMENT

STD. 639 (REV. 4/2005)

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Manual Section H 300

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DOCUMENT NUMBER

1. AGENCY NAME	4. POSITION NUMBER
COMPLETE	(Agency) (Unit) (Class) (Serial)

2. SOCIAL SECURITY NUMBER	3. NAME (F.I.) (M.I.) (LAST)	
	COMPLETE	**COMPLETE**

5. EFFECTIVE DATE
09/25/01

6. ACTION TYPE
[X] NEW
[ ] MODIFICATION OR CORRECTION OF ITEM _____
[ ] CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE _____

7. PAY FREQUENCY
[X] MONTHLY   [ ] SEMI-MONTHLY   [ ] BI-WEEKLY

8. GARNISHMENT TYPE (038)

A. [X] COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)

$ **400.00** (Monthly Amount)

$ **400.00** (Deduction Amount per Pay Period)

[ ] DEDUCTION AMOUNT CHANGED FROM $ _____
(Must be completed if changing 8A)

9. TOTAL GARNISHMENT AMOUNT

B. (399/002) [X] EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.)
(including FTB Child Support Collection Program, Revenue & Taxation Code 19271)

$ **1,800.00**

C. (339/003) [ ] CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)

(1) NUMBER OF DEPENDENTS (Must be at least one for employee) _____

(2) STANDARD DEDUCTIONS
[ ] 1 - SINGLE
[ ] 2 - MARRIED FILING JOINTLY
[ ] 3 - MARRIED FILING SEPARATELY
[ ] 4 - HEAD OF HOUSEHOLD
[ ] 5 - SURVIVING SPOUSE

$

D. (339/004) [ ] EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); FTB REGISTRATION COLLECTION PROGRAM (Revenue & Taxation Code 10878); FTB STUDENT LOAN COLLECTIONS (GC 16583.5); BOARD OF EQUALIZATION FOR TAXES (CCP 706.074); UNEMPLOYMENT INSURANCE (UI Code 1755); FTB COURT-ORDERED DEBT COLLECTIONS (Revenue & Taxation Code 19280)

$

E. (339/007) [ ] EARNINGS WITHHOLDING ORDER (CCP 706.125):

$

F. (339/008) [ ] Federally Guaranteed Student Loan (Higher Education Act of 1965; 20 USCA Section 1095a.)

$

10. [ ] SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE.

$

11. COMPLETE ONLY IF COURT SPECIFICALLY STATES   (May only be completed with 8B, 8C, 8D, 8E, and 8F.)

A. [ ] TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D) _____

B. [ ] MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8C, copy of IRS Form 668D must be attached.) $ _____

C. [ ] SUPPORT EXEMPTION AMOUNT $ _____

D. [X] SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be attached.) $ **200.00**

12. WARRANT TO BE MADE PAYABLE TO

Must be completed   Levying Officer File Number / Case Number

Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments (8B and 8E above). All others, enter Case Number.   ☞   **COMPLETE**

INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. (Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)   ☞   **COMPLETE**
COMPLETE
COMPLETE
COMPLETE
COMPLETE

13. REMARKS

14. FORM COMPLETED BY	TELEPHONE NUMBER AND EXTENSION	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660
COMPLETE	**COMPLETE**	AUTHORIZED SIGNATURE **COMPLETE** DATE **COMPLETE**
		TYPED NAME

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DOCUMENT   NUMBER

1. AGENCY NAME
COMPLETE

4. POSITION NUMBER
(Agency)   *(Unit)*   *(Class)*   *(Serial)*

2. SOCIAL SECURITY NUMBER

3. NAME   *(F.I.)   (M.I.)   (LAST)*
COMPLETE

COMPLETE

5. EFFECTIVE DATE
09/25/01

6. ACTION TYPE
[ ] NEW
[X] MODIFICATION OR CORRECTION OF ITEM ___ **8A**
[ ] CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE _____

7. PAY FREQUENCY
[X] MONTHLY   [ ] SEMI-MONTHLY   [ ] BI-WEEKLY

8. GARNISHMENT TYPE (038)
A. [X] COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)
$ **700.00**   *(Monthly Amount)*
$ _____ *(Deduction Amount per Pay Period)*

[X] DEDUCTION AMOUNT CHANGED FROM $ **400.00**
(Must be completed if changing 8A)

9. TOTAL GARNISHMENT AMOUNT

B. (399/002) [ ] EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) *(including FTB Child Support Collection Program, Revenue & Taxation Code 19271)*
$

C.(339/003) [ ] CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)
(1) NUMBER OF DEPENDENTS *(Must be at least one for employee)* _____
(2) STANDARD DEDUCTIONS
[ ] 1 - SINGLE
[ ] 2 - MARRIED FILING JOINTLY
[ ] 3 - MARRIED FILING SEPARATELY
[ ] 4 - HEAD OF HOUSEHOLD
[ ] 5 - SURVIVING SPOUSE
$

D. (339/004) [ ] EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); FTB REGISTRATION COLLECTION PROGRAM *(Revenue & Taxation Code 10878)*; FTB STUDENT LOAN COLLECTIONS (GC 16583.5); BOARD OF EQUALIZATION FOR TAXES (CCP 706.074); UNEMPLOYMENT INSURANCE *(UI Code 1755)*; FTB COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)*
$

E. (339/007) [ ] EARNINGS WITHHOLDING ORDER (CCP 706.125):
$

F. (339/008) [ ] Federally Guaranteed Student Loan *(Higher Education Act of 1965: 20 USCA Section 1095a.)*
$

10. [ ] SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE.
$

11. COMPLETE ONLY IF COURT SPECIFICALLY STATES   *(May only be completed with 8B, 8C, 8D, 8E, and 8F.)*

A. TERMINATION DATE OF EARNINGS WITHHOLDING ORDER *(NOT APPLICABLE TO 8D)* _____

B. MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH *(If 11B is used for 8C, copy of IRS Form 668D must be attached.)* $ _____

C. SUPPORT EXEMPTION AMOUNT $ _____

D. SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH *(If 11D is used for 8C, copy of IRS Form 668D must be attached.)* $ _____

12. WARRANT TO BE MADE PAYABLE TO

Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments *(8B and 8E above)*. All others, enter Case Number. ☞

Must be completed   Levying Officer File Number / Case Number

COMPLETE

INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. *(Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)* ☞

COMPLETE
COMPLETE
COMPLETE
COMPLETE

13. REMARKS

14. FORM COMPLETED BY
COMPLETE

TELEPHONE NUMBER AND EXTENSION
COMPLETE

15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660
AUTHORIZED SIGNATURE   **COMPLETE**   DATE **COMPLETE**
TYPED NAME

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE
SALARY GARNISHMENT
STD. 639 (REV. 4/2005)

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DOCUMENT NUMBER

1. AGENCY NAME **COMPLETE**	4. POSITION NUMBER

	(Agency)	(Unit)	(Class)	(Serial)

2. SOCIAL SECURITY NUMBER	3. NAME (F.I.) (M.I.) (LAST) **COMPLETE**	**COMPLETE**

5. EFFECTIVE DATE **11/02/01**	6. ACTION TYPE ☐ NEW ☐ MODIFICATION OR CORRECTION OF ITEM _____	☒ CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE **09/25/01**

7. PAY FREQUENCY   ☒ MONTHLY   ☐ SEMI-MONTHLY   ☐ BI-WEEKLY

8. GARNISHMENT TYPE (038)

A. ☐ COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)

$ _____ (Monthly Amount)

$ _____ (Deduction Amount per Pay Period)

☐ DEDUCTION AMOUNT CHANGED FROM $ _____ (Must be completed if changing 8A)

9. TOTAL GARNISHMENT AMOUNT

B. (399/002) ☒ EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)

$ **1,800.00**

C. (339/003) ☐ CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)

(1) NUMBER OF DEPENDENTS (Must be at least one for employee) _____

(2) STANDARD DEDUCTIONS
☐ 1 - SINGLE   ☐ 3 - MARRIED FILING SEPARATELY
☐ 2 - MARRIED FILING JOINTLY   ☐ 4 - HEAD OF HOUSEHOLD   ☐ 5 - SURVIVING SPOUSE

$

D. (339/004) ☐ EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); FTB REGISTRATION COLLECTION PROGRAM (Revenue & Taxation Code 10878); FTB STUDENT LOAN COLLECTIONS (GC 16583.5); BOARD OF EQUALIZATION FOR TAXES (CCP 706.074); UNEMPLOYMENT INSURANCE (UI Code 1755); FTB COURT-ORDERED DEBT COLLECTIONS (Revenue & Taxation Code 19280)

$

E. (339/007) ☐ EARNINGS WITHHOLDING ORDER (CCP 706.125):

$

F. (339/008) ☐ Federally Guaranteed Student Loan (Higher Education Act of 1965; 20 USCA Section 1095a.)

$

10. ☐ SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE.

$

11. COMPLETE ONLY IF COURT SPECIFICALLY STATES   (May only be completed with 8B, 8C, 8D, 8E, and 8F.)

A. ☐ TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D) _____

B. ☐ MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8C, copy of IRS Form 668D must be attached.) $ _____

C. ☐ SUPPORT EXEMPTION AMOUNT $ _____

D. ☒ SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be attached.) $ **200.00**

12. WARRANT TO BE MADE PAYABLE TO

Must be completed   Levying Officer File Number / Case Number

Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments (8B and 8E above). All others, enter Case Number. ☞ **COMPLETE**

INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. (Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088) ☞

COMPLETE
COMPLETE
COMPLETE
COMPLETE

13. REMARKS

14. FORM COMPLETED BY **COMPLETE**	TELEPHONE NUMBER AND EXTENSION **COMPLETE**	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660

AUTHORIZED SIGNATURE **COMPLETE**   DATE **COMPLETE**

TYPED NAME

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE
SALARY GARNISHMENT
STD. 639 (REV. 4/2005)

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Manual Section H 300

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DOCUMENT   NUMBER

1. AGENCY NAME **COMPLETE**	4. POSITION NUMBER			
	(Agency)	(Unit)	(Class)	(Serial)

2. SOCIAL SECURITY NUMBER	3. NAME (F.I.) (M.I.) (LAST) **COMPLETE**	**COMPLETE**

5. EFFECTIVE DATE **11/02/01**	6. ACTION TYPE [X] NEW	[ ] MODIFICATION OR CORRECTION OF ITEM	[ ] CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE

7. PAY FREQUENCY   [X] MONTHLY   [ ] SEMI-MONTHLY   [ ] BI-WEEKLY

8. GARNISHMENT TYPE (038)

A. [ ] COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)
$ _____ (Monthly Amount)
$ _____ (Deduction Amount per Pay Period)

[ ] DEDUCTION AMOUNT CHANGED FROM $ _____
(Must be completed if changing 8A)

9.   TOTAL GARNISHMENT   AMOUNT

B. (399/002) [ ] EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)
$

C. (339/003) [ ] CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)
(1) NUMBER OF DEPENDENTS (Must be at least one for employee)
(2) STANDARD DEDUCTIONS
[ ] 1 - SINGLE
[ ] 2 - MARRIED FILING JOINTLY
[ ] 3 - MARRIED FILING SEPARATELY
[ ] 4 - HEAD OF HOUSEHOLD
[ ] 5 - SURVIVING SPOUSE
$

D. (339/004) [ ] EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); FTB REGISTRATION COLLECTION PROGRAM (Revenue & Taxation Code 10878); FTB STUDENT LOAN COLLECTIONS (GC 16583.5); BOARD OF EQUALIZATION FOR TAXES (CCP 706.074); UNEMPLOYMENT INSURANCE (UI Code 1755); FTB COURT-ORDERED DEBT COLLECTIONS (Revenue & Taxation Code 19280)
$

E. (339/007) [ ] EARNINGS WITHHOLDING ORDER (CCP 706.125):
$

F. (339/008) [X] Federally Guaranteed Student Loan (Higher Education Act of 1965; 20 USCA Section 1095a.)
$ **5,000.00**

10. [ ] SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE.
$

11.   COMPLETE ONLY IF COURT SPECIFICALLY STATES   (May only be completed with 8B, 8C, 8D, 8E, and 8F.)

A. [ ] TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D) _____

B. [ ] MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8C, copy of IRS Form 668D must be attached.) $ _____

C. [ ] SUPPORT EXEMPTION AMOUNT $ _____

D. [X] SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be attached.) $ **241.97** _____

12.   WARRANT TO BE MADE PAYABLE TO

Must be completed   Levying Officer File Number / Case Number

Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments (8B and 8E above). All others, enter Case Number.   ☞   **COMPLETE**

INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. (Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)   ☞
COMPLETE
COMPLETE
COMPLETE
COMPLETE

13.   REMARKS

14. FORM COMPLETED BY **COMPLETE**	TELEPHONE NUMBER AND EXTENSION **COMPLETE**	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660
		AUTHORIZED SIGNATURE **COMPLETE** DATE **COMPLETE**
		TYPED NAME

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE
SALARY GARNISHMENT
STD. 639 (REV. 4/2005)

Reference Payroll Procedures
Manual Section H 300

NOTE: SUBMIT ORIGINAL AND ONE COPY TO THE STATE CONTROLLER'S GARNISHMENT UNIT.
IF FAXED, FAX *ONLY ONCE* AND *DO NOT* SUBMIT A HARD COPY.

DOCUMENT NUMBER

1. AGENCY NAME **COMPLETE**

4. POSITION NUMBER (Agency) (Unit) (Class) (Serial)

2. SOCIAL SECURITY NUMBER   3. NAME (F.I.) (M.I.) (LAST) **COMPLETE**   **COMPLETE**

5. EFFECTIVE DATE 09/29/01   6. ACTION TYPE [X] NEW   [ ] MODIFICATION OR CORRECTION OF ITEM   [ ] CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE

7. PAY FREQUENCY [X] MONTHLY   [ ] SEMI-MONTHLY   [ ] BI-WEEKLY

8. GARNISHMENT TYPE (038)

A. [ ] COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)
$_____ (Monthly Amount)
$_____ (Deduction Amount per Pay Period)
[ ] DEDUCTION AMOUNT CHANGED FROM $_____ (Must be completed if changing 8A)

9. TOTAL GARNISHMENT AMOUNT

B. (399/002) [X] EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)
$ **11,250.00**

C. (339/003) [ ] CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)
(1) NUMBER OF DEPENDENTS (Must be at least one for employee) ____
(2) STANDARD DEDUCTIONS [ ] 1 - SINGLE [ ] 2 - MARRIED FILING JOINTLY [ ] 3 - MARRIED FILING SEPARATELY [ ] 4 - HEAD OF HOUSEHOLD [ ] 5 - SURVIVING SPOUSE
$

D. (339/004) [ ] EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); FTB REGISTRATION COLLECTION PROGRAM (Revenue & Taxation Code 10878); FTB STUDENT LOAN COLLECTIONS (GC 16583.5); BOARD OF EQUALIZATION FOR TAXES (CCP 706.074); UNEMPLOYMENT INSURANCE (UI Code 1755); FTB COURT-ORDERED DEBT COLLECTIONS (Revenue & Taxation Code 19280)
$

E. (339/007) [ ] EARNINGS WITHHOLDING ORDER (CCP 706.125):
$

F. (339/008) [ ] Federally Guaranteed Student Loan (Higher Education Act of 1965; 20 USCA Section 1095a.)
$

10. [ ] SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE.
$

11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8B, 8C, 8D, 8E, and 8F.)

A. [ ] TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D)
B. [ ] MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8C, copy of IRS Form 668D must be attached.) $_____
C. [ ] SUPPORT EXEMPTION AMOUNT $_____
D. [ ] SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be attached.) $_____

12. WARRANT TO BE MADE PAYABLE TO   Must be completed   Levying Officer File Number / Case Number

Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments (8B and 8E above). All others, enter Case Number. ☞ **COMPLETE**

INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. (Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088) ☞ **COMPLETE**
COMPLETE
COMPLETE
COMPLETE

13. REMARKS

14. FORM COMPLETED BY **COMPLETE**   TELEPHONE NUMBER AND EXTENSION **COMPLETE**   15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660
AUTHORIZED SIGNATURE **COMPLETE**   DATE **COMPLETE**
TYPED NAME

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

SALARY GARNISHMENT

STD. 639 (REV. 4/2005)

Reference Payroll Procedures
Manual Section H 300

NOTE: SUBMIT ORIGINAL AND ONE COPY TO THE STATE CONTROLLER'S GARNISHMENT UNIT.
IF FAXED, FAX *ONLY ONCE* AND *DO NOT* SUBMIT A HARD COPY.

DOCUMENT NUMBER

1. AGENCY NAME					4. POSITION NUMBER			
COMPLETE					(Agency)	(Unit)	(Class)	(Serial)
2. SOCIAL SECURITY NUMBER		3. NAME (F.I.) (M.I.) (LAST)						
		COMPLETE			**COMPLETE**			

5. EFFECTIVE DATE	6. ACTION TYPE			
10/29/01	**X** NEW	☐ MODIFICATION OR CORRECTION OF ITEM	☐ CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE	

7. PAY FREQUENCY   **X** MONTHLY   ☐ SEMI-MONTHLY   ☐ BI-WEEKLY

8. GARNISHMENT TYPE (038)

A. ☐ COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)

$ _____ (Monthly Amount)

$ _____ (Deduction Amount per Pay Period)

☐ DEDUCTION AMOUNT CHANGED FROM $ _____
(Must be completed if changing 8A)

9. TOTAL GARNISHMENT AMOUNT

B. (399/002) ☐ EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)

$

C. (339/003) ☐ CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)

(1) NUMBER OF DEPENDENTS (Must be at least one for employee)

(2) STANDARD DEDUCTIONS

☐ 1 - SINGLE   ☐ 3 - MARRIED FILING SEPARATELY
☐ 2 - MARRIED FILING JOINTLY   ☐ 4 - HEAD OF HOUSEHOLD   ☐ 5 - SURVIVING SPOUSE

$

D. (339/004) ☐ EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); FTB REGISTRATION COLLECTION PROGRAM (Revenue & Taxation Code 10878); FTB STUDENT LOAN COLLECTIONS (GC 16583.5); BOARD OF EQUALIZATION FOR TAXES (CCP 706.074); UNEMPLOYMENT INSURANCE (UI Code 1755); FTB COURT-ORDERED DEBT COLLECTIONS (Revenue & Taxation Code 19280)

$

E. (339/007) **X** EARNINGS WITHHOLDING ORDER (CCP 706.125):

$ **3,645.00**

F. (339/008) ☐ Federally Guaranteed Student Loan (Higher Education Act of 1965; 20 USCA Section 1095a.)

$

10. ☐ SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE.

$

11. COMPLETE ONLY IF COURT SPECIFICALLY STATES   (May only be completed with 8B, 8C, 8D, 8E, and 8F.)

A. ☐ TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D) _____

B. ☐ MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8C, copy of IRS Form 668D must be attached.) $ _____

C. ☐ SUPPORT EXEMPTION AMOUNT $ _____

D. ☐ SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be attached.) $ _____

12. WARRANT TO BE MADE PAYABLE TO

Must be completed   Levying Officer File Number / Case Number

Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments (8B and 8E above). All others, enter Case Number. ☞   **COMPLETE**

INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. (Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088) ☞

COMPLETE
COMPLETE
COMPLETE
COMPLETE

13. REMARKS

14. FORM COMPLETED BY	TELEPHONE NUMBER AND EXTENSION	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660	
COMPLETE	**COMPLETE**	AUTHORIZED SIGNATURE	DATE
		COMPLETE	**COMPLETE**
		TYPED NAME	

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE
SALARY GARNISHMENT
STD. 639 (REV. 4/2005)

Reference Payroll Procedures
Manual Section H 300

NOTE: SUBMIT ORIGINAL AND ONE COPY TO THE STATE CONTROLLER'S GARNISHMENT UNIT.
IF FAXED, FAX *ONLY ONCE* AND *DO NOT* SUBMIT A HARD COPY.

DOCUMENT   NUMBER

1. AGENCY NAME **COMPLETE**	4. POSITION NUMBER
	(Agency) (Unit) (Class) (Serial)

2. SOCIAL SECURITY NUMBER	3. NAME *(F.I.) (M.I.) (LAST)* **COMPLETE**	**COMPLETE**

5. EFFECTIVE DATE 10/29/01	6. ACTION TYPE ☐ NEW ☒ MODIFICATION OR CORRECTION OF ITEM 8E & 11D ☐ CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE ____

7. PAY FREQUENCY   ☒ MONTHLY   ☐ SEMI-MONTHLY   ☐ BI-WEEKLY

8. GARNISHMENT TYPE (038)		9. TOTAL GARNISHMENT AMOUNT
A. ☐ COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) $ _____ *(Monthly Amount)* $ _____ *(Deduction Amount per Pay Period)* ☐ DEDUCTION AMOUNT CHANGED FROM $ _____ *(Must be completed if changing 8A)*		
B. (399/002) ☐ EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) *(including FTB Child Support Collection Program, Revenue & Taxation Code 19271)*		$
C.(339/003) ☐ CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)	(1) NUMBER OF DEPENDENTS *(Must be at least one for employee)* ____ (2) STANDARD DEDUCTIONS ☐ 1 - SINGLE ☐ 2 - MARRIED FILING JOINTLY ☐ 3 - MARRIED FILING SEPARATELY ☐ 4 - HEAD OF HOUSEHOLD ☐ 5 - SURVIVING SPOUSE	$
D. (339/004) ☐ EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); FTB REGISTRATION COLLECTION PROGRAM *(Revenue & Taxation Code 10878)*; FTB STUDENT LOAN COLLECTIONS (GC 16583.5); BOARD OF EQUALIZATION FOR TAXES (CCP 706.074); UNEMPLOYMENT INSURANCE *(UI Code 1755)*; FTB COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)*		$
E. (339/007) ☒ EARNINGS WITHHOLDING ORDER (CCP 706.125):		$ 3,969.39
F. (339/008) ☐ Federally Guaranteed Student Loan *(Higher Education Act of 1965: 20 USCA Section 1095a.)*		$
10. ☐ SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE.		$

11. COMPLETE ONLY IF COURT SPECIFICALLY STATES *(May only be completed with 8B, 8C, 8D, 8E, and 8F.)*	
A ☐ TERMINATION DATE OF EARNINGS WITHHOLDING ORDER *(NOT APPLICABLE TO 8D)* _____	
B ☐ MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH *(If 11B is used for 8C, copy of IRS Form 668D must be attached.)*	$ _____
C ☐ SUPPORT EXEMPTION AMOUNT	$ _____
D ☒ SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH *(If 11D is used for 8C, copy of IRS Form 668D must be attached.)*	$ 150.00

12. WARRANT TO BE MADE PAYABLE TO

Must be completed   Levying Officer File Number / Case Number

Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments (8B and 8E above). All others, enter Case Number. ☞ **COMPLETE**

INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. *(Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)* ☞ **COMPLETE**
COMPLETE
COMPLETE
COMPLETE

13. REMARKS

14. FORM COMPLETED BY **COMPLETE**	TELEPHONE NUMBER AND EXTENSION **COMPLETE**	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660
		AUTHORIZED SIGNATURE ✎ **COMPLETE** DATE **COMPLETE**
		TYPED NAME

STATE OF CALIFORNIA
PAYROLL ADJUSTMENT NOTICE
STD 674 (REV. 5-98)

DOCUMENT NO. _____

(1) TO: STATE CONTROLLER'S OFFICE:	(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER			
			AGENCY	UNIT	CLASS	SERIAL

✓

— DISBURSEMENTS AND SUPPORT
— PPSD/PAYROLL OPERATIONS

(2) SOCIAL SECURITY NUMBER: **COMPLETE**

(3) NAME: **COMPLETE**

(4) POSITION NUMBER: 1 **COMPLETE**

PPSD UNIT DESTINATION:

☐ PAYROLL
✓ GARNISHMENTS
☐ DISABILITY
☐ RETIREMENT
☐ W-2/Non USPS
☐ BENEFIT DEDUCTIONS
☐ MISC DEDUCTIONS

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☐ PAYMENT REQUEST
☐ RETURN WARRANT ONLY

ADJUSTMENT REQUEST

☐ SALARY ☐ TIME
☐ TRANSFER OF FUNDS

PAY FREQUENCY
☐ MONTHLY ☐ SEMI MONTHLY ☐ BI WEEKLY ☐ INTERMITTENT 2

REMARKS:

PLEASE REDEPOSIT AND REISSUE WITH THE FOLLOWING GARNISHMENTS:
   038: $500.00
   339-002: $75.00

DATES/HOURS ON DOCK: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |

(6)	POSITION	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY FULL	TIME WORKED			APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
		MO.	DY.	YR.	T.	MO.	YR.			STD	DYS.	HOURS													
A. PAYMENT PER SCO WARRANT REGISTER		11	01	98	0	10	98		2993.00	1				0								02-111111	X		
B. PAYMENT SHOULD BE					0	10	98		2993.00	1				0											
C. OVERPMT UNDERPMT																									

(7) FORM COMPLETED BY: ▶ COMPLETE	TELEPHONE NUMBER AND EXTENSION ( ) COMPLETE	I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES. Payroll information correct in accordance with BC Rule 660
(AGENCY NAME) FROM: COMPLETE		AUTHORIZED SIGNATURE ▶ COMPLETE DATE COMPLETE

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE
SALARY GARNISHMENT
CHILD SUPPORT/FAMILY SUPPORT
(New 10/06 PPSD 638)

Reference Payroll Procedures
Manual Section H 300

NOTE: Submit original to the State Controller's Garnishment Unit.
Submit original, one copy, and court order.

DOCUMENT NUMBER

1. AGENCY NAME **COMPLETE**	4. POSITION NUMBER
	(Agency) (Unit) (Class) (Serial)

2. SOCIAL SECURITY NUMBER **COMPLETE**	3. NAME (F.I) (M.I.) (LAST) **COMPLETE**	**COMPLETE** **COMPLETE** **COMPLETE** **COMPLETE**

5. EFFECTIVE DATE **01/08/07**	6. ACTION TYPE ☒ NEW ☐ MODIFICATION OR CORRECTION OF ITEM ____ ☐ CANCELLATION OF GARNISHMENT **ORIGINAL** EFFECTIVE DATE ____

7. PAY FREQUENCY	MONTHLY ☒	SEMI-MONTHLY ☐	BI-WEEKLY ☐

8. CHILD SUPPORT GARNISHMENT AMOUNT (038)

A. ☒ COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)

$ **500.00** (MONTHLY AMOUNT)   ☐ DEDUCTION AMOUNT
                                     CHANGED FROM $ _____

$ **500.00** (DEDUCTION AMOUNT PER   (Must be completed if changing 8A)
PAY PERIOD)

B. (339/002) EARNINGS WITHHOLDING ORDER FOR SUPPORT – ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.)   9. TOTAL ARREARAGES
☐   (including *FTB* Child Support Collection Program, Revenue & Taxation Code 19271)
                                                                                          $ ____

10. COMPLETE FOR USE BY DEPARTMENT OF CHILD SUPPORT SERVICES ONLY

EMPLOYEE ADDRESS ☞ | C | O | M | P | L | E | T | E | | | | | | | | | | | | | | |

| C | O | M | P | L | E | T | E | | | | | | | | | | | | | | |

EMPLOYEE DATE OF BIRTH (MM) (DD) (YYYY) | X | X | | X | X | | X | X | X | X |

11. COMPLETE *ONLY* IF COURT SPECIFICALLY STATES   (May only be completed with 8B.)

A ☐   TERMINATION DATE OF EARNINGS WITHHOLDING ORDER _____

B ☐   MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH $ _____

C ☐   SUPPORT EXEMPTION AMOUNT $ _____

D ☐   SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH $ _____

12. ENTER CASE NUMBER   Must be completed   Case Number
☞ | C | O | M | P | L | E | T | E | | | | | | | | | | | | | |

PAYEE NAME | C | O | M | P | L | E | T | E | | | | | | | | | | | | | |

☞   C / O   S D U

         P O   B O X   9 8 9 0 6 7

         W E S T   S A C R A M E N T O   C A   9 5 7 9 8

13. REMARKS

14. FORM COMPLETED BY **COMPLETE**	TELEPHONE AND EXTENSION **COMPLETE**	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660
		AUTHORIZED SIGNATURE DATE **COMPLETE**
		✉ **COMPLETE**
		TYPED NAME **COMPLETE**

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE
SALARY GARNISHMENT
CHILD SUPPORT/FAMILY SUPPORT
(New 10/06 PPSD 638)

Reference Payroll Procedures
Manual Section H 300

NOTE: Submit original to the State Controller's Garnishment Unit.
      Submit original, one copy, and court order.

DOCUMENT NUMBER

1. AGENCY NAME	4. POSITION NUMBER			
COMPLETE	(Agency)	(Unit)	(Class)	(Serial)

2. SOCIAL SECURITY NUMBER	3. NAME (F.I) (M.I.) (LAST)				
COMPLETE	**COMPLETE**	**COMPLETE**	**COMPLETE**	**COMPLETE**	**COMPLETE**

5. EFFECTIVE DATE	6. ACTION TYPE
02/02/07	☒ NEW ☐ MODIFICATION OR CORRECTION OF ITEM ____ ☐ CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE ____

7. PAY FREQUENCY	
☒ MONTHLY ☐ SEMI-MONTHLY ☐ BI-WEEKLY	

8. CHILD SUPPORT GARNISHMENT AMOUNT (038)

A. ☒ COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)

    $ **350.00** (MONTHLY AMOUNT)   ☐ DEDUCTION AMOUNT CHANGED FROM $ _____

    $ **350.00** (DEDUCTION AMOUNT PER PAY PERIOD)   (Must be completed if changing 8A)

B. (339/002)   EARNINGS WITHHOLDING ORDER FOR SUPPORT – ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.)
 ☒ (including *FTB* Child Support Collection Program, Revenue & Taxation Code 19271)

9. TOTAL ARREARAGES
$ 99,999.99

10. COMPLETE FOR USE BY DEPARTMENT OF CHILD SUPPORT SERVICES ONLY

EMPLOYEE ADDRESS ☞   C O M P L E T E

           C O M P L E T E

EMPLOYEE DATE OF BIRTH (MM) (DD) (YYYY)   X X ▮ X X ▮ X X X X

11. COMPLETE *ONLY* IF COURT SPECIFICALLY STATES   (May only be completed with 8B.)

A ☐ TERMINATION DATE OF EARNINGS WITHHOLDING ORDER _____

B ☐ MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH $ _____

C ☐ SUPPORT EXEMPTION AMOUNT $ _____

D ☒ SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH $ $150.00 (If 99 – completed 11B or D must be completed).

12. ENTER CASE NUMBER   Must be completed   Case Number

          ☞   C O M P L E T E

PAYEE NAME   C O M P L E T E

      ☞   C / O   S D U

         P O   B O X   9 8 9 0 6 7

         W E S T   S A C R A M E N T O   C A   9 5 7 9 8

13. REMARKS

14. FORM COMPLETED BY	TELEPHONE AND EXTENSION	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660
COMPLETE	**COMPLETE**	AUTHORIZED SIGNATURE DATE **COMPLETE**
		✍ **COMPLETE**
		TYPED NAME **COMPLETE**

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE
SALARY GARNISHMENT
CHILD SUPPORT/FAMILY SUPPORT
(New 10/06 PPSD 638)

Reference Payroll Procedures
Manual Section H 300

NOTE: Submit original to the State Controller's Garnishment Unit.
Submit original, one copy, and court order.

DOCUMENT NUMBER

1. AGENCY NAME **COMPLETE**	4. POSITION NUMBER (Agency) (Unit) (Class) (Serial)
2. SOCIAL SECURITY NUMBER **COMPLETE** — 3. NAME (F.I) (M.I.) (LAST) **COMPLETE**	**COMPLETE COMPLETE COMPLETE COMPLETE**

5. EFFECTIVE DATE **12/23/06**

6. ACTION TYPE [X] NEW [ ] MODIFICATION OR CORRECTION OF ITEM ____ [ ] CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE ____

7. PAY FREQUENCY [X] MONTHLY [ ] SEMI-MONTHLY [ ] BI-WEEKLY

8. CHILD SUPPORT GARNISHMENT AMOUNT (038)

A. [ ] COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)

$ ____ (MONTHLY AMOUNT)   [ ] DEDUCTION AMOUNT CHANGED FROM $ ____

$ ____ (DEDUCTION AMOUNT PER PAY PERIOD)   (Must be completed if changing 8A)

B. (339/002) [X] EARNINGS WITHHOLDING ORDER FOR SUPPORT – ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)

9. TOTAL ARREARAGES $ 10,000.00

10. COMPLETE FOR USE BY DEPARTMENT OF CHILD SUPPORT SERVICES ONLY

EMPLOYEE ADDRESS: C O M P L E T E

C O M P L E T E

EMPLOYEE DATE OF BIRTH (MM) (DD) (YYYY): X X X X X X X X

11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8B.)

A [ ] TERMINATION DATE OF EARNINGS WITHHOLDING ORDER ____

B [ ] MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH $ ____

C [ ] SUPPORT EXEMPTION AMOUNT $ ____

D [X] SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH $ 200.00

12. ENTER CASE NUMBER (Must be completed Case Number): C O M P L E T E

PAYEE NAME: C O M P L E T E

C / O S D U

P O B O X 9 8 9 0 6 7

W E S T S A C R A M E N T O C A 9 5 7 9 8

13. REMARKS

14. FORM COMPLETED BY **COMPLETE**	TELEPHONE AND EXTENSION **COMPLETE**	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660
		AUTHORIZED SIGNATURE DATE **COMPLETE** — **COMPLETE**
		TYPED NAME **COMPLETE**

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE
SALARY GARNISHMENT
CHILD SUPPORT/FAMILY SUPPORT
(New 10/06 PPSD 638)

Reference Payroll Procedures
Manual Section H 300

NOTE: Submit original to the State Controller's Garnishment Unit.
Submit original, one copy, and court order.

DOCUMENT NUMBER

1. AGENCY NAME **COMPLETE**	4. POSITION NUMBER			
	(Agency)	(Unit)	(Class)	(Serial)
2. SOCIAL SECURITY NUMBER **COMPLETE**	3. NAME (F.I) (M.I.) (LAST) **COMPLETE**	**COMPLETE**	**COMPLETE**	**COMPLETE**	**COMPLETE**

5. EFFECTIVE DATE 12/29/06	6. ACTION TYPE ☐ NEW ☒ MODIFICATION OR CORRECTION OF ITEM **8A** ☐ CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE _____

7. PAY FREQUENCY	MONTHLY ☒	SEMI-MONTHLY ☐	BI-WEEKLY ☐

8. CHILD SUPPORT GARNISHMENT AMOUNT (038)

A. ☒ COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)

$ **300.00** (MONTHLY AMOUNT)   ☒ DEDUCTION AMOUNT CHANGED FROM $ **500.00**

$ _____ (DEDUCTION AMOUNT PER PAY PERIOD)   (Must be completed if changing 8A)

B. (339/002)   EARNINGS WITHHOLDING ORDER FOR SUPPORT – ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.)   9. TOTAL ARREARAGES
☐ (including *FTB* Child Support Collection Program, Revenue & Taxation Code 19271) $ _____

10. COMPLETE FOR USE BY DEPARTMENT OF CHILD SUPPORT SERVICES ONLY

EMPLOYEE ADDRESS ☞ | C | O | M | P | L | E | T | E | | | | | | | | | | | | | |

| C | O | M | P | L | E | T | E | | | | | | | | | | | | | |

EMPLOYEE DATE OF BIRTH (MM) (DD) (YYYY) | X | X | ▓ | X | X | ▓ | X | X | X | X |

11. COMPLETE *ONLY* IF COURT SPECIFICALLY STATES   (May only be completed with 8B.)

A ☐ TERMINATION DATE OF EARNINGS WITHHOLDING ORDER _____

B ☐ MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH $ _____

C ☐ SUPPORT EXEMPTION AMOUNT $ _____

D ☒ SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH $ _____
                                          Must be completed   Case Number

12. ENTER CASE NUMBER ☞ | C | O | M | P | L | E | T | E | | | | | | | | | | | | | |

PAYEE NAME | C | O | M | P | L | E | T | E | | | | | | | | | | | | | |

☞   C / O   S D U

P O   B O X   9 8 9 0 6 7

W E S T   S A C R A M E N T O   C A   9 5 7 9 8

13. REMARKS

14. FORM COMPLETED BY **COMPLETE**	TELEPHONE AND EXTENSION **COMPLETE**	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660
		AUTHORIZED SIGNATURE DATE **COMPLETE**
		✉ **COMPLETE**
		TYPED NAME **COMPLETE**

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE
SALARY GARNISHMENT
CHILD SUPPORT/FAMILY SUPPORT
(New 10/06 PPSD 638)

Reference Payroll Procedures
Manual Section H 300

NOTE: Submit original to the State Controller's Garnishment Unit.
Submit original, one copy, and court order.

DOCUMENT NUMBER

| 1. AGENCY NAME COMPLETE | 4. POSITION NUMBER |
| | (Agency) (Unit) (Class) (Serial) |

| 2. SOCIAL SECURITY NUMBER COMPLETE | 3. NAME (F.I) (M.I.) (LAST) COMPLETE | COMPLETE COMPLETE COMPLETE COMPLETE |

5. EFFECTIVE DATE **02/13/07**

6. ACTION TYPE ☐ NEW ☐ MODIFICATION OR CORRECTION OF ITEM ____ ☒ CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE **12/23/06**

7. PAY FREQUENCY ☒ MONTHLY ☐ SEMI-MONTHLY ☐ BI-WEEKLY

8. CHILD SUPPORT GARNISHMENT AMOUNT (038)

A. ☐ COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)

$_____ (MONTHLY AMOUNT)   ☐ DEDUCTION AMOUNT CHANGED FROM $_____

$_____ (DEDUCTION AMOUNT PER PAY PERIOD)   (Must be completed if changing 8A)

B. (339/002) EARNINGS WITHHOLDING ORDER FOR SUPPORT – ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.)   9. TOTAL ARREARAGES
☒ (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)   **$10,000.00**

10. COMPLETE FOR USE BY DEPARTMENT OF CHILD SUPPORT SERVICES ONLY

EMPLOYEE ADDRESS ☞ C O M P L E T E

C O M P L E T E

EMPLOYEE DATE OF BIRTH (MM) (DD) (YYYY) X X ░ X X ░ X X X X

11. COMPLETE ONLY IF COURT SPECIFICALLY STATES   (May only be completed with 8B.)

A ☐ TERMINATION DATE OF EARNINGS WITHHOLDING ORDER _____

B ☐ MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH $_____

C ☐ SUPPORT EXEMPTION AMOUNT $_____

D ☒ SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH **$200.00**

12. ENTER CASE NUMBER ☞ Must be completed Case Number C O M P L E T E

PAYEE NAME C O M P L E T E

☞ C / O S D U

P O B O X 9 8 9 0 6 7

W E S T S A C R A M E N T O C A 9 5 7 9 8

13. REMARKS

14. FORM COMPLETED BY COMPLETE	TELEPHONE AND EXTENSION COMPLETE	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660
		AUTHORIZED SIGNATURE DATE COMPLETE ✍ COMPLETE
		TYPED NAME COMPLETE

TO:

DATE:

FROM: PAYROLL OFFICER
Payroll Office III

RE: UNDELIVERABLE U.S. SAVINGS BOND(S)

U.S. Savings Bond(s) were returned to our office by the U.S. Post Office as undeliverable. Specific information on the savings bond(s) follow:

Employee's name:
Social Security Number:
Date of Bond(s):
Address on Bond(s):

( )   Active Bond Account:

Please complete the enclosed Form STD 242. If you have more than one bond account, a separate Form STD 242 must be completed for each account.

( )   Canceled Bond Account:

I authorize the State Controller's Office to send my savings bond(s) to the following address:

Social Security Number:_____
Name:_____
Address:_____
Signature:_____

( )   FINAL NOTIFICATION

This is the final attempt to secure a valid address to deliver this bond. The bond account will be canceled if a response not received by

Return this notice or Form STD 242 to State Controller's office, PPSD Bond Unit, P.O. Box 942850, Sacramento, Ca 94250-5878. If a reply to this notice is not received, the bond(s) will be transferred to the State Controller's Office, Division of Unclaimed Property. If you have any questions, please contact my staff at (916) 324-7295 or (Calnet) 454-7295.

DD:cn
PR358 (10/97)

DATE:

   TO: Federal Reserve Bank of Minneapolis
          Savings Bond Division
          P.O. Box 67
          Minneapolis, MN 55480-0067

FROM: PAYROLL OFFICER
          Payroll Office III

   RE: RETURN OF U.S. SAVINGS BOND(S)

The attached U.S. Savings Bond(s) is/are being returned for the following reasons:

[ ] The employee is not entitled to the bond(s) as no payroll deduction was withheld. Please forward remittance and a copy of the PD1522 (attached) to:

     State Controller's Office
     Departmental Accounting
     P.O. Box 942850
     Sacramento, CA 94250-5878

[ ] Incorrect inscription is printed on the bond. Inscription should read:

Please forward replacement bond to:

[ ] Bond was damaged in transit. Inscription is:

[ ] Other:

Your help in this matter is greatly appreciated. If you have any questions or need additional information, please contact _____ of my staff at (916) 324-7295.

cc: Ana Struve, Departmental Accounting

Attachment

PR468 (Rev. 12/93)

STATE OF CALIFORNIA - PAYROLL SYSTEM
DETAIL TRANSACTION REPORT
FOR
KEY/MASTER VARIABLE MAINTENANCE
BATCH LOAD PROCESS

AGENCY: DEPARTMENT XYZ   08/85

EMPLOYEE SSN	EMPLOYEE NAME	AGNCY	POSITION REPORTING UNIT	NUMBER CLASS CODE	SERIAL NUMBER	DEDUCTION TYPE	PAY PERIOD MONTH	YEAR
123-45-6789	I M EXAMPLE	999	001	1111	001	0	08	85
234-56-7890	I M EXAMPLE	999	001	1111	002	0	08	85
345-67-8901	I M EXAMPLE	999	001	2222	002	0	08	85

PARKING ADJUSTMENT NOTICE

The State Controller is hereby authorized to refund the parking payroll deduction for the below named employee.

(PRINT OR TYPE BELOW)

EMPLOYEE IDENTIFICATION		
Social Security Number	Initials	Last Name

REFUND INFORMATION			
Deduction Code	Organization Code	Deduction Amount	Pay Period Month Year
360			/
360			/
360			/
360			/
360			/

FORM COMPLETION INFORMATION		
Completed By	Phone Number	Company/Department Name
	( )	

_____   _____
      DATE   SIGNATURE OF AUTHORIZED COMPANY OR DEPARTMENT OFFICIAL

PPSD 360 (rev. 01/02) PARKING ADJUSTMENT NOTICE

FORM PPSD 360 COMPLETION INSTRUCTIONS

The Form PPSD 360 must be completed (typed or hand written in legible form) as outlined below if parking fees were deducted after the effective date of a cancellation or change.

PARKING ADJUSTMENT NOTICE

The State Controller is hereby authorized to refund the parking payroll deduction for the below named employee.

(PRINT OR TYPE BELOW)

EMPLOYEE IDENTIFICATION

Social Security Number A	Initials B	Last Name C

REFUND INFORMATION

Deduction Code	Organization Code	Deduction Amount	Pay Period Month / Year
360	D	E	F / G
360			/
360			/
360			/
360			/

FORM COMPLETION INFORMATION

Completed By H	Phone Number ( ) I	Company/Department Name J

K _____   L _____
DATE   SIGNATURE OF AUTHORIZED COMPANY OR DEPARTMENT OFFICIAL

Mail to: State Controller's Office
             Personnel/Payroll Services Division
             Attn: Miscellaneous Deductions Unit
             P. O. Box 942850
             Sacramento, CA 94250-5878

(Rev.01/02)

A. Social Security Number
Enter the employee's Social Security Number.

B. Initials
Enter the employee's first and middle initials.

C. Last Name
Enter the employee's full last name.

D. Organization Code
Enter your assigned three (3) digit Organization Code number.

E. Deduction Amount
Enter the total monthly amount that is to be refunded to the employee.

F. Pay Period – Month
Enter the numerical month of the pay period to be refunded (e.g. '06' for June)

G. Pay Period – Year
Enter the last two digits of the year (e.g. "00" for 2000).

H. Completed By
Enter the name of the person completing the form.

I. Phone Number
Enter the area code and telephone number.

J. Company/Department Name
Enter the deduction client name as recorded with SCO.

K. Date
Enter the date the form was completed.

L. Signature of Authorized Company or Department Official
Must be the original signature of the person authorized to sign Form CD88.

SAMPLE LTD ELIGIBILITY NOTICE

State of California

M E M O R A N D U M

To: (Your Employee)   Date: (Issue Date)

From: (Your Department Personnel Office)

Subject: Long Term Disability Insurance
          60-Day Enrollment Eligibility Notice

          Eligibility Begins: _____ Eligibility Expires: _____

          According to our records, you have recently been appointed as a
          nonrepresented employee who is eligible to enroll in Long Term Disability (LTD)
          Insurance. Your 60-day enrollment eligibility period is stated above.

          IMPORTANT - LONG TERM DISABILITY INFORMATION

          LTD is a voluntary program which provides a percentage of income after the
          first six months of disability. Premiums are paid by the employee through payroll
          deduction. ONLY NONREPRESENTED, PERMANENT EMPLOYEES WITH A
          TIME BASE OF ONE HALF TIME OR MORE MAY ENROLL IN THE
          PROGRAM. You must be active and eligible on the effective date for enrollment
          to be valid.

          Please review the attached "Group Long Term Disability Plan Employee
          Enrollment and Information Package."

          If you wish to enroll, you may obtain a LTD enrollment authorization form
          (GR-11513-5) from _____ at _____. The
          enrollment form must be completed and returned to _____ by
          the expiration date stated above.

          Attachment