

November 1, 2024

The State Controller's Office Guide to Completing Garnishment Forms STD. 639/639CFS

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Introduction

Purpose

The purpose of this document is to help agencies/campus' Human Resource Specialists navigate garnishment submissions to the State Controller's Office. This guide is to help you know which documents to submit based on garnishment type, how to submit documents based on the scenario, and helpful form completion tips based on common errors.

State Controller's Office Divisions for Garnishments

A levy on earnings (garnishment) is a court order requiring an employer to withhold funds from an employee's paycheck to satisfy a debt. The State Controller's Office (SCO) has two divisions that agencies/campus' work with to process garnishments:

1. SCO Personnel and Payroll Division (PPSD): Payroll Operations – Garnishments
2. SCO Disbursements Division: Garnishments

PPSD Payroll Operations receives the required garnishment documents (STD. 639 and STD. 639CFS) to establish, modify or cancel the garnishment and audits the forms for completion. The Disbursements Division keys the garnishments based on the forms, distributes the garnishment warrants, and manages any changes related to the garnishment warrants (returning warrants, reissuing warrants, etc.).

STD. 639 and STD. 639CFS must be submitted to PPSD Payroll Operations via ConnectHR. Anything related to the garnishment warrants must be sent to Disbursements via interoffice mail. Disbursements does not receive documents via ConnectHR.

SCO Division	Accepted Forms
PPSD Payroll Operations – Garnishments	STD. 639 or STD. 639 CFS forms uploaded via ConnectHR
Disbursements	Payroll Warrants, Garnishment Warrants, STD. 674 and CD 155 physically mailed to the Disbursements Division

Outside of SCO, [California Department of Child Support Services - State Disbursement Unit \(SDU\)](#) is the centralized payment processing center that handles the collection and disbursement of child and family support (California Family Code 5236). In some cases, there are child support garnishments for out-of-state State Disbursement Units (SDU).

Establishing, Modifying or Canceling a Garnishment

Documents to Submit based on Garnishment Type

To establish, modify or cancel a garnishment, submit a STD. 639 or STD. 639CFS. The table below shows which form to submit based on garnishment type. Submit these forms to PPSD Payroll Operations – Garnishments via ConnectHR upload.

Garnishment Type	Documents to Submit
Child Support – California *	STD. 639CFS and copy of Court Order
Child Support – Out-of-State *^	STD. 639 Only
Spousal Support – California and Out-of-State *^	STD. 639 Only
IRS Levy Form 668-D	STD. 639 and if a payment arrangement was established (Items 11B or 11D), copy of IRS Form 668-D
All other California Court and Federal Garnishments	STD. 639 Only

* For court orders that includes both child/family support and spousal support, review the following:

- If the dollar amount or address are different between the child/family support and the spousal support, then submit two completed forms: one STD. 639CFS for the child/family support and one STD. 639 for the spousal support.
- If the dollar amount or address are not clearly different for the spousal support, combine the child/family support and spousal support amounts and process on one STD. 639CFS (or one STD. 639 for out-of-state child support).

^ The only out-of-state garnishments SCO processes are Child Support Orders, Spousal Support Orders & any Federal Levies (IRS, Defaulted Students Loans, etc.). Support orders payable to an out-of-state state disbursement unit (SDU) should continue to be forwarded to that state. All other garnishments must be served within the California Court for SCO to establish and withhold.

STD. 639 and STD. 639CFS Form Tips

There are a few differences between STD. 639 and STD. 639CFS. Most of these tips apply for both forms, and if not, the differences are clearly written.

Reminder: Do not submit a blank form, or with 0's in the amount fields. This will result in a PR250 (Ding Notice).

- Item 5 - Enter the correct 'Effective Date'.
 - To Establish a New Garnishment, the 'Effective Date' is 10 days after the court order served date. (The served date is when the agency/campus receives the order).
 - To Modify an Existing Garnishment, the 'Effective Date' is the same date of the original 'Establish Date'. Do not enter the current date.
 - Verify in Pay History that a garnishment is active and not already satisfied in our system prior to sending a modification. You cannot modify a garnishment that is not currently active in the system.
 - If the garnishment is no longer active or is showing satisfied in the SCO system, submit a request to "Establish a New Garnishment" as there is no active garnishment that you can modify.
 - To Cancel an Existing Garnishment, enter the termination date in Item 5. Then, in Item 6, enter the original 'Establish' date next to 'Cancel'.
 - Verify in Pay History that a garnishment is active and on file prior to sending a cancellation. You cannot cancel a garnishment that is not currently active.
- Item 8 - Select the correct option based on the court order type.
 - Item 8A - Complete this Item fully to establish an ongoing monthly or per pay period support.
 - Items 8B-8F – You must also fill out Item 9 (the total garnishment amount owed).
 - Item D (Federal Tax Levies) – You must complete this Item.
 - 668W-C must be completed by employee to determine withholding amounts in 8D.
 - Do not use the tax withholding information filed on their EAR as it may not reflect the employee's true exemptions.
 - If there is a specified fixed monthly deduction, you must also complete Item 11B or 11D.
- Item 9 – You must complete this Item for Items 8B-8F.
 - Item 8C (Child Support Arrearages) - If the total garnishment owed is unknown, enter 99,999.99 in Item 9.
- Item 10 – Optional for STD. 639. Required on STD. 639CFS.

- Item 11- Only complete if the court order specifies a fixed monthly deduction.
 - 11B is the maximum amount deducted per month. The garnishment deduction will not exceed the amount entered here and will automatically adjust based on the employee's disposable income. This option is recommended if the employee's disposable income fluctuates.
 - 11D is a specific amount deducted per month. This amount will be deducted each month regardless of pay fluctuations. It is your responsibility to calculate the garnishment amount correctly.
- Item 12 must be completed and not left blank. This is who the garnishment check will be made payable to. Enter the information from the court order.
 - On the STD. 639CFS, Item 12 includes a hard coded address to SDU to PO Box 989067. Do not try to overwrite and change this address. This is hard coded and any attempts to change it will just result in a Ding Notice.
- Item 15 - A signature is required.

Garnishment Deduction Information

Garnishments are deducted automatically at a percentage, except in two cases:

- Item 8A (On-going Child/Family/Spousal Support): This is a specific amount taken either per month or per pay period, depending on how you complete the form.
- Item 11D (payment arrangement for a specific amount): This is a specific amount deducted per month, if enough disposable income is available. If the disposable income does not cover this amount, then no amount will be deducted.

For all garnishments that are taken at a percentage, the amount will be deducted from all payment types issued to the employee. Since Item 8A and Item 11D take a specific amount, these only deduct one time per what is specified on the form (monthly or per pay period).

Garnishments Processing Times

SCO processes garnishments daily for Monthly Cut-Off. Below are the potential reasons why the garnishment request did not post:

- If you submit the form after Monthly Cut-Off, the garnishment will not take effect until the next pay period.
- An error (Ding Notice) was not resolved prior to Monthly Cut-Off.
- Newly established garnishments and modifications to child support are sent to SCO Disbursements for them to key/process. Because of this, it can take a couple days to hit the system after SCO receives it.

Returning Warrants for Redeposit due to Garnishment Deductions

There may be times when warrants require redeposit. The table below outlines different scenarios and the required documents for each scenario.

All the scenarios listed below require [physically mailing documents](#) directly to SCO Disbursements. Do not submit warrants or STD. 674 via ConnectHR.

Scenario	Description	Required Documents
Payroll Warrant issued without garnishment deduction	If an employee's regular payroll warrant was released to the agency/campus prior to the receipt/processing of the STD. 639/639CFS by Payroll Operations, the agency/campus must return the payroll warrant to the Administration and Disbursements Division for redeposit.	<ol style="list-style-type: none"> 1. Original Payroll Warrant (not a copy) 2. STD. 674 to reschedule the payments
Incorrect Payroll and Garnishment Warrant	If the payroll warrant and the garnishment warrant are incorrect, the agency/campus must return both warrants to the Disbursements Bureau.	<ol style="list-style-type: none"> 1. Original Payroll Warrant (not a copy) 2. Original Garnishment Warrant (not a copy) 3. STD. 674 for the Payroll Warrant 4. STD. 674 for the Garnishment Warrant 5. Original Payee Copy CD 155 6. Copy of the STD. 639
Returning Garnishment Warrant Only	If a levying officer returns a garnishment warrant to an agency/campus stating that the garnishment has been satisfied, the garnishment warrant must be mailed to the Disbursement Division with all required forms.	<ol style="list-style-type: none"> 1. STD. 674 for the Garnishment Warrant 2. Original Garnishment Warrant (not a copy) 3. Original Payee Copy CD 155

Scenario	Description	Required Documents
Supplement Warrants appear to have too high of a garnishment deduction	When a regular payroll warrant is released and not returned, and the STD. 639 or STD. 639CFS was processed prior to the issuance of supplemental payments, the deduction amount on the supplemental warrant appears too high.	The supplemental warrant should not be re-deposited due to an exaggerated deduction amount. When the payroll system calculates the deduction amount, it aggregates all pay that issued for the pay period. When the regular payroll warrant is re-deposited and rescheduled, the system recalculates the deduction amount, and the correct percentage is taken. The system re-computes the amount due as each payment issues.
Inquiries on previously submitted STD. 674 regarding garnishments	Please wait to send an inquiry after at least 21 business days from the date the original STD. 674 was submitted. After 21 days, submit the following documents to the Disbursements Division.	STD. 674 with "Inquiry" marked in red at the top. It must have an original authorized signature and date on the form.

STD. 674 Form Tips

- The net pay amount is of the warrant that was issued and is being redeposited.
- Item 5 "Remarks" is required and must be included with next-step directions.
 - E.g. the warrant is being rescheduled for a garnishment deduction, garnishment warrant to be rescheduled payable to employee, garnishment warrant to be re-deposited only – payroll warrant is being redeposited, etc.
- Item 6 "Payment Should Be" MUST be completed for rescheduling.
- Include "GARNISHMENT" in bold letters at the top center portion of the form.

Mailing Instructions

Mail all required documents to the SCO Disbursements Division at:

State Controller's Office Disbursements Bureau-PIU

Attn: Payroll/Garnishment Redeposit Desk

PO BOX 94280

Sacramento CA 94250-5871

Note: After mailing the required documents to Disbursements Division, it is recommended to review the original STD. 639 or STD. 639CFS. If the garnishment needs to be cancelled or modified, submit a cancelled or modified STD. 639 or STD. 639CFS to PPSD Payroll Operations via ConnectHR.

Common Scenarios and Form Examples

Sample STD. 639 or STD. 639CFS for Child/Family On-Going Support and Arrearages

Determine which form to use – STD. 639 or STD. 639CFS

For child, family and spousal support, you must determine which form to use based on the circumstances. Below are the different scenarios and which form to use:

- For child/family support orders from California made payable to the California State Disbursement Unit, use STD. 639CFS.
- For child/family support from a different state disbursement unit, use STD. 639.
- For court orders that includes both child/family support and spousal support, review the following:
 - If the dollar amount or address are different between the child/family support and the spousal support, then submit two completed forms: one STD. 639CFS for the child/family support and one STD. 639 for the spousal support.
 - If the dollar amount or address are not clearly different for the spousal support, combine the child/family support and spousal support amounts and process on one STD. 639CFS (or one STD. 639 for out-of-state child support).

Establishing New On-Going Support Garnishment to California SDU

Scenario: You received an ongoing support order from California State Disbursement Unit (SDU) for one of your employees. The court order shows that Employee is ordered to pay \$300.00 per pay period for On-going Child Support.

Step 1: Determine which form to use. In this scenario, use STD. 639CFS.

Step 2: Complete Items 1-7.

Current Effective Date cannot be more than 10 calendar days into the future of the ConnectHR upload date (SCO received date).

STATE OF CALIFORNIA – STATE CONTROLLER’S OFFICE		NOTE: SUBMIT ORIGINAL TO THE STATE CONTROLLER’S GARNISHMENT UNIT. SUBMIT ORIGINAL, ONE COPY AND COURT ORDER.	
SALARY GARNISHMENT			
CHILD SUPPORT/FAMILY SUPPORT			
STD, 639 CFS (Rev. 3/2021)		DOCUMENT NUMBER	
<i>Reference Payroll Procedures Manual Section H 300</i>			
1. AGENCY NAME Complete		4. POSITION NUMBER (Agency) (Unit) (Class) (Serial) XXX XXX XXXX XXX	
2. SOCIAL SECURITY NUMBER XXX-XX-XXXX	3. NAME (F.I.) (M.I.) (LAST) Employee Name		
5. EFFECTIVE DATE 05/15/2024	6. ACTION TYPE <input checked="" type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM		<input type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE
7. PAY FREQUENCY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY			

Step 3: Complete Item 8.

On-Going Support is Item 8A. As you can see, Item 9 is not an option for 8A.

(If you have an employee with semi-monthly pay, complete the “Deduction Amount per Pay Period”).




B. GARNISHMENT TYPE (038) A. <input checked="" type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq, or PC 3088) \$ <u>300.00</u> (Monthly Amount) <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ _____ \$ _____ (Deduction Amount per Pay Period) (Must be completed if changing 8A)		
B. (339/001) EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES LUMP SUM (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)		9. ARREARAGES \$ _____
C. (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)		\$ _____

Step 4: Complete Item 10-11. In this scenario, leave Item 11 blank.

10. COMPLETE FOR USE BY DEPARTMENT OF CHILD SUPPORT SERVICES ONLY	
EMPLOYEE ADDRESS	Complete [Grid of 20 columns for address]
EMPLOYEE DATE OF BIRTH (MM/DD/YYYY)	Complete [Grid of 8 columns for date of birth]
11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8C.)	
A. <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER	_____
B. <input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH	\$ _____
C. <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT	\$ _____
D. <input type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH	\$ _____

Step 5: Complete Item 12-15

In Item 12, enter the Payee Name who is receiving the garnishment or the County that is handing this order. Do not try to change the address hardcoded in Item 12 of the STD. 639CFS.

12. WARRANT TO BE MADE PAYABLE TO		
Must be completed Case Number		
ENTER CASE NUMBER		Complete
PAYEE NAME		Complete
C / O SDU This is hardcoded - Do Not Change PO BOX 989067 WEST SACRAMENTO CA 95798		
13. REMARKS		
14. FORM COMPLETED BY	TELEPHONE NUMBER AND EXTENSION	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 633.7
Complete		AUTHORIZED SIGNATURE DATE
		 Complete Complete
		EMAIL ADDRESS
		Complete

Step 6: Attach the court order to the completed STD. 639CFS and upload to ConnectHR.

The court order is only required for child and family support through the California State Disbursement Unit (STD. 639CFS).

If the child support was out-of-state or if it was a spousal support, do not attach the court order.

Modify an Existing On-Going Support Garnishment to California SDU

Scenario: On 07/01/2024, you received a modification of an ongoing support order to the California State Disbursement Unit (SDU) for one of your employees.

The court order is marked modification and shows a change in on-going deduction pay from \$300.00 per pay period to \$100.00 per pay period. The new total garnishment deduction amount is \$100.00

You verify in Pay History that the employee has an active garnishment of \$300.00 per month. Since the garnishment is currently active, you must submit a form to modify the existing garnishment on the system. If there was no active garnishment on the system, you would then establish a new garnishment deduction.

Step 1: Determine which form to use. In this scenario, use STD. 639CFS.

Step 2: Complete Items 1-7.

- Item 5: Effective date is the current date and not the original establish date.
- Item 6: Select Modification or Correction of Item and enter in 8A for on-going support.

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE SALARY GARNISHMENT CHILD SUPPORT/FAMILY SUPPORT STD. 639 CFS (Rev. 3/2021)		NOTE: SUBMIT ORIGINAL TO THE STATE CONTROLLER'S GARNISHMENT UNIT. SUBMIT ORIGINAL, ONE COPY AND COURT ORDER.									
<i>Reference Payroll Procedures Manual Section H 300</i>			DOCUMENT NUMBER								
1. AGENCY NAME Complete		4. POSITION NUMBER									
2. SOCIAL SECURITY NUMBER XXX-XX-XXXX		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><small>(Agency)</small></td> <td style="text-align: center;"><small>(Unit)</small></td> <td style="text-align: center;"><small>(Class)</small></td> <td style="text-align: center;"><small>(Serial)</small></td> </tr> <tr> <td style="text-align: center;">XXX</td> <td style="text-align: center;">XXX</td> <td style="text-align: center;">XXXX</td> <td style="text-align: center;">XXX</td> </tr> </table>		<small>(Agency)</small>	<small>(Unit)</small>	<small>(Class)</small>	<small>(Serial)</small>	XXX	XXX	XXXX	XXX
<small>(Agency)</small>	<small>(Unit)</small>	<small>(Class)</small>	<small>(Serial)</small>								
XXX	XXX	XXXX	XXX								
3. NAME (F.I.) (M.I.) (LAST) Employee Name		6. ACTION TYPE									
5. EFFECTIVE DATE Current date 07/01/2024		<input type="checkbox"/> NEW <input checked="" type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM 8A <input type="checkbox"/> CANCELLATION OF GARNISHMENT <small>ORIGINAL EFFECTIVE DATE</small>									
7. PAY FREQUENCY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY											




Step 3: Complete Items 8-10.

In Item 8A, you must include the current deduction amount that you are changing.

8. GARNISHMENT TYPE (038)					
A. <input checked="" type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)		Current Deduction Amount			
<table border="0" style="width:100%;"> <tr> <td style="width:50%;"> <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ 100.00 (Monthly Amount) \$ _____ (Deduction Amount per Pay Period) </td> <td style="width:50%; text-align: right;"> \$ 300.00 <i>(Must be completed if changing 8A)</i> </td> </tr> </table>		<input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ 100.00 (Monthly Amount) \$ _____ (Deduction Amount per Pay Period)	\$ 300.00 <i>(Must be completed if changing 8A)</i>		
<input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ 100.00 (Monthly Amount) \$ _____ (Deduction Amount per Pay Period)	\$ 300.00 <i>(Must be completed if changing 8A)</i>				
B. (339/001) EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES LUMP SUM (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)		9. ARREARAGES			
C. (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)		\$			
10. COMPLETE FOR USE BY DEPARTMENT OF CHILD SUPPORT SERVICES ONLY					
EMPLOYEE ADDRESS	☞	Complete			
		Complete			
EMPLOYEE DATE OF BIRTH (MM/DD/YYYY)	☞	Complete			

Step 4: Complete Items 11-15.

In Item 12 on the STD. 639CFS, include Payee name or County name.

11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8C.)		
A	<input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER _____	
B	<input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH \$ _____	
C	<input type="checkbox"/> SUPPORT EXEMPTION AMOUNT \$ _____	
D	<input type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH \$ _____	
12. WARRANT TO BE MADE PAYABLE TO		
Must be completed Case Number		
ENTER CASE NUMBER		Complete
PAYEE NAME		Complete
C / O SDU This is hardcoded - Do Not Change PO BOX 989067 WEST SACRAMENTO CA 95798		
13. REMARKS		
14. FORM COMPLETED BY		
Complete	TELEPHONE NUMBER AND EXTENSION	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 633.7
		AUTHORIZED SIGNATURE DATE
		 Complete Complete
		EMAIL ADDRESS
		Complete

Step 5: Attach the court order to the completed STD. 639CFS and upload to ConnectHR.

The court order is only required for child and family support through the California State Disbursement Unit (STD. 639CFS). If the child support was out-of-state or if it was a spousal support, do not attach the court order.

Cancelling On-Going Support Garnishment Deduction to California SDU

Scenario: On 09/01/2024, you received a termination order for on-going support (deduction code 038). \$300.00 was on the court order with termination marked. The court order was from California.

You verify in Pay History that the employee has an active 038 garnishment deduction of \$300.00 per month. This garnishment was originally established on 05/15/2024. Since the garnishment is currently active, you must submit a form to cancel the existing garnishment on the system.

Step 1: Determine which form to use. In this scenario, use STD. 639CFS.

Step 2: Complete Items 1-8.

- Item 5: Effective date is the current date and not the original establish date.
- Item 6: Select Cancellation of Garnishment and enter in the original effective date (05/15/2024).
- Item 8: Select 8A for on-going monthly support. Enter in \$300.00 in the Monthly Amount to be cancelled.

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE		NOTE: SUBMIT ORIGINAL TO THE STATE CONTROLLER'S GARNISHMENT UNIT. SUBMIT ORIGINAL, ONE COPY AND COURT ORDER.	
SALARY GARNISHMENT			
CHILD SUPPORT/FAMILY SUPPORT			
STD. 639 CFS (Rev. 3/2021)		DOCUMENT NUMBER	
<i>Reference Payroll Procedures Manual Section H 300</i>			
1. AGENCY NAME Complete		4. POSITION NUMBER (Agency) (Unit) (Class) (Serial) XXX XXX XXXX XXX	
2. SOCIAL SECURITY NUMBER XXX-XX-XXXX	3. NAME (F.I.) (M.I.) (LAST) Employee Name		
5. EFFECTIVE DATE 09/01/2024 Termination Date	6. ACTION TYPE <input type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM		<input checked="" type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE 05/15/2024
7. PAY FREQUENCY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY			
8. GARNISHMENT TYPE (038) A. <input checked="" type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq, or PC 3088) \$ 300.00 (Monthly Amount) <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ _____ (Must be completed if changing 8A) \$ _____ (Deduction Amount per Pay Period)			

Step 3: Complete Items 10-11. Leave Item 11 blank.

10. COMPLETE FOR USE BY DEPARTMENT OF CHILD SUPPORT SERVICES ONLY	
EMPLOYEE ADDRESS	Complete [Grid]
EMPLOYEE DATE OF BIRTH (MM/DD/YYYY)	Complete [Grid]
11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8C.)	
A. <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER	_____
B. <input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH	\$ _____
C. <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT	\$ _____
D. <input type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH	\$ _____

Step 4: Complete Items 12-15.

12. WARRANT TO BE MADE PAYABLE TO	
ENTER CASE NUMBER	Must be completed Case Number Complete [Grid]
PAYEE NAME	Complete [Grid]
C / O SDU This is hardcoded - Do Not Change PO BOX 989067 WEST SACRAMENTO CA 95798	
13. REMARKS	
14. FORM COMPLETED BY Complete	TELEPHONE NUMBER AND EXTENSION
15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 633.7	
AUTHORIZED SIGNATURE Complete	DATE Complete
EMAIL ADDRESS Complete	

Step 5: Attach the court order to the completed STD. 639CFS and upload to ConnectHR.

The court order is only required for child and family support through the California State Disbursement Unit (STD. 639CFS).

If the child support was out-of-state or if it was a spousal support, do not attach the court order.

Sample STD. 639

The general format in the following scenarios can be applied for all garnishment types. But since Child/Spouse/Family support are unique, we have different examples [here](#).

Establish New Garnishment

Scenario: You received a FTB state tax levy for the total of \$1,234.56 for one of your employees.

Step 1: Complete Items 1-7.

Current Effective Date cannot be more than 10 calendar days into the future of the ConnectHR upload date (SCO received date). For example, 05/26/2024 will result in a ding notice to your agency.

STATE OF CALIFORNIA – STATE CONTROLLER’S OFFICE		Reference Payroll Procedures	
SALARY GARNISHMENT		Manual Section H 300	
STD, 639 (Rev. 3/2021)		DOCUMENT NUMBER	
NOTE: SUBMIT ORIGINAL TO THE STATE CONTROLLER’S GARNISHMENT UNIT. IF FAXED, FAX ONLY ONCE AND DO NOT SUBMIT A HARD COPY.			
1. AGENCY NAME Complete		4. POSITION NUMBER	
2. SOCIAL SECURITY NUMBER XXX-XX-XXXX		(Agency) (Unit) (Class) (Serial)	
3. NAME (F.I.) (M.I.) (LAST) Employee’s Name		XXX XXX XXXX XXX	
5. EFFECTIVE DATE 04/26/2024	6. ACTION TYPE		
	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM _____ <input type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE _____		
7. PAY FREQUENCY			
<input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY			

Step 2: You must complete Item 8 and Item 9.

In Item 8, Earnings Withing Order for State Taxes is option 8E. The total garnishment amount goes in Item 9. The system will automatically calculate the deduction amount based on the employee’s disposable income.

8. GARNISHMENT TYPE (038)		
A. <input type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)		
DEDUCTION AMOUNT CHANGED FROM \$ _____ (Monthly Amount) DEDUCTION AMOUNT CHANGED FROM \$ _____ (Must be completed if changing 8A)		
B. (339/001) EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES LUMP SUM (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)		9. TOTAL GARNISHMENT AMOUNT
C. (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)		\$
D. (339/003) CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)		\$
(1) NUMBER OF DEPENDENTS _____ (2) STANDARD DEDUCTIONS <input type="checkbox"/> 1 - SINGLE <input type="checkbox"/> 3 - MARRIED FILING SEPARATELY <input type="checkbox"/> 2 - MARRIED FILING JOINTLY <input type="checkbox"/> 4 - HEAD OF HOUSEHOLD <input type="checkbox"/> 5 - SURVIVING SPOUSE		\$
E. (339/004) <input checked="" type="checkbox"/> 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)		\$ 1,234.56
F. (339/007) EARNINGS WITHHOLDING ORDER (CCP 706.125):		\$
G. (339/008) Federally Guaranteed Student Loan (Higher Education Act of 1965: 20 USCA Section 1095a.)		\$
10. <input type="checkbox"/> SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE.		\$

Step 3: Complete Item 11, if applicable.

Since this scenario does not include a payment arrangement, leave Item 11 blank.

11. COMPLETE ONLY IF COURT SPECIFICALLY STATES <i>(May only be completed with 8C, 8D, 8E, 8F, and 8G.)</i>		
A	<input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER <i>(NOT APPLICABLE TO 8E)</i>	
B	<input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH <i>(If 11B is used for 8D, copy of IRS Form 668D must be attached.)</i> \$	
C	<input type="checkbox"/> SUPPORT EXEMPTION AMOUNT \$	
D	<input type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH <i>(If 11D is used for 8D, copy of IRS Form 668D must be attached.)</i> \$	

Step 4: You must complete Item 12-15.

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 Marshall's Departments (8C and 8F above). All others, enter Case Number.		
Case Number		
Address of where the garnishment warrant is going		
Complete		
13. REMARKS		
14. FORM COMPLETED BY	TELEPHONE NUMBER AND EXTENSION	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 633.7
Complete	Complete	AUTHORIZED SIGNATURE DATE
		Complete 04/25/2024
		EMAIL ADDRESS
		Agency's Universal Email

Step 5: Upload to ConnectHR using the correct drop-down options.

Modify Existing Garnishment with new Payment Arrangement

Scenario: Your employee has an established garnishment deduction on the system for State Tax Levy of \$1,234.56, and it has the original effective of 04/24/2024.

On 07/01/2024, you received a Payment arrangement letter from the FTB of \$50.00 deductions per month for the State Tax Levy. You will need to modify the existing garnishment on the system to deduct only \$50.00 per month.

Step 1: Complete Items 1-7.

- Item 5: The Effective Date must be the original effective date of 04/24/2024. You are modifying the existing garnishment on the system, and it must match what is already on the system.
- Item 6: Select "Modification or Correction of Item". In the line next to it, you must include the Item that is being modified. Here, we will be modifying 11B.

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE SALARY GARNISHMENT STD. 639 (Rev. 3/2021)		Reference Payroll Procedures Manual Section H 300		DOCUMENT NUMBER
NOTE: SUBMIT ORIGINAL TO THE STATE CONTROLLER'S GARNISHMENT UNIT. IF FAXED, FAX ONLY ONCE AND DO NOT SUBMIT A HARD COPY.				
1. AGENCY NAME Complete		4. POSITION NUMBER		
2. SOCIAL SECURITY NUMBER XXX-XX-XXXX		3. NAME (F.I.) (M.I.) (LAST) Employee's Name		
5. EFFECTIVE DATE 04/26/2024		6. ACTION TYPE <input type="checkbox"/> NEW <input checked="" type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM 11B		<input type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE
7. PAY FREQUENCY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY				

Step 2: Complete Items 8 and Items 9.

In Item 8, Earnings Withing Order for State Taxes is option 8E. The total garnishment amount goes in Item 9. Since Item 8 and Item 9 are not changing, these Items must be the same from when it was originally established.

8. GARNISHMENT TYPE (038)		
A. <input type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3068)	<input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ _____	
\$ _____ (Monthly Amount)	(Deduction Amount per Pay Period)	(Must be completed if changing 8A)
B. (339/001) <input type="checkbox"/> EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES LUMP SUM (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)		9. TOTAL GARNISHMENT AMOUNT \$
C. (339/002) <input type="checkbox"/> 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)		\$
D. (339/003) <input type="checkbox"/> CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)	(1) NUMBER OF DEPENDENTS _____ (2) STANDARD DEDUCTIONS <input type="checkbox"/> 1 - SINGLE <input type="checkbox"/> 2 - MARRIED FILING JOINTLY <input type="checkbox"/> 3 - MARRIED FILING SEPARATELY <input type="checkbox"/> 4 - HEAD OF HOUSEHOLD <input type="checkbox"/> 5 - SURVIVING SPOUSE	\$
E. (339/004) <input checked="" type="checkbox"/> 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)		\$ 1,234.56
F. (339/007) <input type="checkbox"/> EARNINGS WITHHOLDING ORDER (CCP 706.125):		\$

Step 3: Complete Item 11. You have two options:

- Fill out 11B for Max amount (the system will take up to \$50.00 per month). This option will automatically adjust based on disposable income.
- Or
- Fill out 11D (the system will take exactly \$50.00 per month). If you use this option, it is your responsibility to make sure to calculate correctly to prevent over-garnishing an employee's wages. If the disposable income could not cover \$50.00, it will not take anything at all.

11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8C, 8D, 8E, 8F, and 8G.)		
A. <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8E)		
B. <input checked="" type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8D, copy of IRS Form 668D must be attached.)	\$ 50.00	
C. <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT	\$ _____	
D. <input type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8D, copy of IRS Form 668D must be attached.)	\$ _____	

Step 4: You must complete Item 12-15.

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 Marshall's Departments (8C and 8F above). All others, enter Case Number.		Case Number			
INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY, (include address if pursuant to FC 150 et seq., 5200 et seq, or PC 3088)		Address of where the garnishment warrant is going			
		Complete			
13. REMARKS					
14. FORM COMPLETED BY		TELEPHONE NUMBER AND EXTENSION		15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 633.7	
Complete		Complete		AUTHORIZED SIGNATURE	
				DATE	
				Complete	
				signed date	
				EMAIL ADDRESS	
				Agency's Universal Email	

Step 5: Upload to ConnectHR using the correct drop-down options.

Modify Existing Garnishment with a new Total Amount Change

Scenario: Your employee has an established garnishment deduction on the system for State Tax Levy of \$1,234.56, and it has the original effective of 04/24/2024. In July 2024, the levy was modified to a maximum monthly deduction of \$50.00.

In September 2024, you received a letter changing the total garnishment amount. The new amount is now 654.32.

You will need to modify the existing garnishment that is on the system.

Step 1: Complete Items 1-7.

- Item 5: The Effective Date must be the original effective date of 04/24/2024. You are modifying the existing garnishment on the system, and it must match what is already on the system.
- Item 6: Select "Modification or Correction of Item". In the line next to it, you must include the Item that is being modified. Here, we will be modifying 9.

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE			
SALARY GARNISHMENT		Reference Payroll Procedures	
STD, 639 (Rev. 3/2021)		Manual Section H 300	
NOTE: SUBMIT ORIGINAL 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)	XXX	XXX XXXX XXX
XXX-XX-XXXX	Employee's Name		
5. EFFECTIVE DATE	6. ACTION TYPE	CANCELLATION OF GARNISHMENT	
04/26/2024	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM 9	ORIGINAL EFFECTIVE DATE	
7. PAY FREQUENCY			
<input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY			

Step 2: Complete Items 8 and Items 9.

- Item 8: Earnings Withing Order for State Taxes is option 8E.
- Item 9: Since the total garnishment amount is changing, you will need to do some calculations to fill out the form correctly.
 1. Check the employee’s Pay History to see how much this employee has already been deducted for this state tax garnishment. You see that \$700.00 have already been deducted.
 2. Add the deducted amount to the new total requested. $\$700.00 + \$645.32 = \$1,354.32$.
 3. The new total for the system is 1,354.32. With this amount in the system as anew total, the system will satisfy when \$654.32 has been paid.
 4. In Item 9, enter \$1,354.32.

8. GARNISHMENT TYPE (038)		
A.	<input type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)	
	\$ _____ (Monthly Amount)	<input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ _____ (Must be completed if changing 8A)
	\$ _____ (Deduction Amount per Pay Period)	
B. (339/001)	<input type="checkbox"/> EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES LUMP SUM (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)	9. TOTAL GARNISHMENT AMOUNT \$ _____
C. (339/002)	<input type="checkbox"/> 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)	\$ _____
D. (339/003)	(1) NUMBER OF DEPENDENTS _____ (2) STANDARD DEDUCTIONS <input type="checkbox"/> CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8) <input type="checkbox"/> 1 - SINGLE <input type="checkbox"/> 3 - MARRIED FILING SEPARATELY <input type="checkbox"/> 2 - MARRIED FILING JOINTLY <input type="checkbox"/> 4 - HEAD OF HOUSEHOLD <input type="checkbox"/> 5 - SURVIVING SPOUSE	\$ _____
E. (339/004)	<input checked="" type="checkbox"/> 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)	\$ 1,354.32
F. (339/007)	<input type="checkbox"/> EARNINGS WITHHOLDING ORDER (CCP 706.125):	\$ _____
G. (339/008)	<input type="checkbox"/> Federally Guaranteed Student Loan (Higher Education Act of 1965: 20 USCA Section 1095a.)	\$ _____
10.	<input type="checkbox"/> SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE.	\$ _____

Step 3: Complete Item 11.

Since the current garnishment has a maximum amount to be deducted of \$50.00 per month on the system, you must mimic that on this form.

11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8C, 8D, 8E, 8F, and 8G.)		
A.	<input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8E)	_____
B.	<input checked="" type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8D, copy of IRS Form 668D must be attached.)	\$ 50.00
C.	<input type="checkbox"/> SUPPORT EXEMPTION AMOUNT	\$ _____
D.	<input type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8D, copy of IRS Form 668D must be attached.)	\$ _____

Step 4: You must complete Item 12-15.

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 Marshall's Departments (8C and 8F above). All others, enter Case Number.		Case Number	
INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY, (Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)		Address of where the garnishment warrant is going	
		Complete	
13. REMARKS			
14. FORM COMPLETED BY	TELEPHONE NUMBER AND EXTENSION	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 633.7	
Complete	Complete	AUTHORIZED SIGNATURE	DATE
		Complete	signed date
		EMAIL ADDRESS	
		Agency's Universal Email	

Step 5: Upload to ConnectHR using the correct drop-down options.

Cancel an Existing Garnishment

Scenario: Your employee has an established garnishment deduction on the system for State Tax Levy of \$1,234.56, and it has the original effective of 04/24/2024. In July 2024, the levy was modified to a maximum monthly deduction of \$50.00. In September 2024, the total garnishment amount was modified to \$1,354.32.

In December 2024, you received a terminator order. You will need to cancel the existing garnishment that is on the system.

Step 1: Complete Items 1-7.

- Item 5: The Effective Date is now today's date.
- Item 6: Select "Cancellation of Garnishment". In the line next to it, you must include the original effective date. In this scenario, that would be 04/26/2024.

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE		Reference Payroll Procedures	
SALARY GARNISHMENT		Manual Section H 300	
STD. 639 (Rev. 3/2021)		DOCUMENT NUMBER	
NOTE: SUBMIT ORIGINAL TO THE STATE CONTROLLER'S GARNISHMENT UNIT. IF FAXED, FAX ONLY ONCE AND DO NOT SUBMIT A HARD COPY.			
1. AGENCY NAME	3. NAME (F.I.) (M.I.) (LAST)		4. POSITION NUMBER
Complete	Employee's Name		(Agency) (Unit) (Class) (Serial)
2. SOCIAL SECURITY NUMBER			XXX XXX XXXX XXX
XXX-XX-XXXX			
5. EFFECTIVE DATE	6. ACTION TYPE		7. PAY FREQUENCY
12/10/2024	<input type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM		<input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY
	<input checked="" type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE		04/26/2024

Step 2: Complete Items 8 and Items 9.

- Item 8: Earnings Withing Order for State Taxes is option 8E.
- Item 9: Enter in the Total Garnishment Amount that is shown on the system. Do not fill it as \$0.00 or to leave it blank. In this scenario, Item 9 is \$1,354.32.

8. GARNISHMENT TYPE (038) A. <input type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) \$ _____ (Monthly Amount) <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ _____ (Must be completed if changing 8A) \$ _____ (Deduction Amount per Pay Period)		
B. (339/001) <input type="checkbox"/> EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES LUMP SUM (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)	9. TOTAL GARNISHMENT AMOUNT	\$
C. (339/002) <input type="checkbox"/> 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)		\$
D. (339/003) <input type="checkbox"/> CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)	(1) NUMBER OF DEPENDENTS _____ (2) STANDARD DEDUCTIONS <input type="checkbox"/> 1 - SINGLE <input type="checkbox"/> 3 - MARRIED FILING SEPARATELY <input type="checkbox"/> 2 - MARRIED FILING JOINTLY <input type="checkbox"/> 4 - HEAD OF HOUSEHOLD <input type="checkbox"/> 5 - SURVIVING SPOUSE	\$
E. (339/004) <input checked="" type="checkbox"/> 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 17555); FTB COURT-ORDERED DEBT COLLECTIONS (Revenue & Taxation Code 19280)		\$ 1,354.32
F. (339/007) <input type="checkbox"/> EARNINGS WITHHOLDING ORDER (CCP 706.125)		

Step 3: Complete Item 11.

Since the current garnishment has a maximum amount to be deducted of \$50.00 per month on the system, you must mimic that on this form.

Do not fill out \$0.00 or leave it blank if the employee has a Maximum Garnishment Amount (11B) or Specific Amount (11D) established.

11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8C, 8D, 8E, 8F, and 8G.)		
A. <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8E) _____		
B. <input checked="" type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8D, copy of IRS Form 668D must be attached.)	\$ 50.00	
C. <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT _____	\$ _____	
D. <input type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8D, copy of IRS Form 668D must be attached.) _____	\$ _____	

Step 4: You must complete Item 12-15.

Even though this is to cancel a current garnishment deduction, Item 12 must be completed. Do not leave blank.

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 Marshall's Departments (8C and 8F above). All others, enter Case Number.	Case Number _____
INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. (Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)	Address of where the garnishment warrant is going _____ Complete _____ _____ _____

Step 5: Upload to ConnectHR using the correct drop-down options.