**Garnishment Request Form**

Use this form when submitting a garnishment request to SPO. All fields are required. Prior to submitting, verify the information provided is compliant with Commonwealth policies. If assistance is required to complete this form, please send an email to [payroll@doa.virginia.gov](mailto:payroll@doa.virginia.gov).

*Please print legibly to prevent delay in processing.*

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| --- | --- |
| **Garnishment Request Details** | |
| Date |  |
| Employee ID |  |
| First Name |  |
| Last Name |  |
| Employee Termed/Resigned? | Yes  No |
| Request Type | New  Change  Stop |
| Company |  |
| Paygroup |  |
| Received On  (MM/DD/YYYY and HH:MM) |  |
| Respond By  (MM/DD/YYYY and HH:MM) |  |
| Garnishment Type |  |
| Garnishment ID  Note: If New Garnishment, SPO will assign the Garnishment ID |  |

**Prepared By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* I certify the supporting documentation submitted complies with Commonwealth policy and correlates to data currently existing in Cardinal, if applicable. Additionally, the data provided above reflects the individual for which action is required.