

GARNISHMENT COVER LETTER

**THIS FORM MUST ACCOMPANY ALL GARNISHMENT DOCUMENTS SENT TO
STATEWIDE PAYROLL SERVICES**

TO: MINNESOTA MANAGEMENT & BUDGET
STATEWIDE PAYROLL SERVICES
658 CEDAR ST STE 400
SAINT PAUL MN 55155-1616

FROM:

PHONE:

RE: (check one):

_____ Garnishment

_____ Student Loan Garnishment

_____ Levy

_____ Child Support

_____ Bankruptcy

_____ Other _____

Employee Name	
Social Security Number	Employee ID
Agency	Department ID
Date Received	Time Received
Currently Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No