

*COMMONWEALTH of VIRGINIA*

*Department of Health*

Office of Human Resources

Telephone (804) 864-7100 109 Governor Street, Suite 1114

Fax (804) 864-7107 Richmond, Virginia 23219 TTY 1-800-828-1120

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| **Agency:** | Virginia Department of Health, Agency #601 |  |  |
| **Work Unit:** |  |  |  |
| **Employee:** |  | **SS#:** |  |

Are you currently under a properly executed court order or administrative order in this state or any other state to have income withheld for payment of child support?

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| \_\_\_\_\_ | **YES**, I am under an income withholding order, either administrative or issued by the court, to provide child support in this state or another state.  If you are under an income withholding order, you must present a copy of the order to your unit business manager or Office of Human Resources within five days of completing this disclosure form. |
| \_\_\_\_\_ | **NO**, I am not currently under an income withholding order to provide child support in this state or any other state. |

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| --- | --- | --- | --- |
| Date: |  | Employee Signature: |  |

Section 60.2-114.1 (Code of Virginia) “Notification of withholding order – When an individual is hired for employment, the employer shall, at the time of the initial hiring, request that the employee disclose whether he has an income withholding order pursuant to [Section] 20-79.1 or [Section] 63.2-1924. When an employee discloses that he owes child support that is required to be withheld, the employer shall begin withholding according to the terms of the order. Information disclosed under this section shall not be divulged except to the extent necessary for the administration of the child support enforcement program or when otherwise authorized by law.”

Failure to disclose the above information may result in disciplinary action.

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| **Instructions**: If the employee indicates that he is under an income withholding order, please send a copy of this form to Payroll. |

Revised 8/11