OLD DOMINION UNIVERSITY CHILD SUPPORT DISCLOSURE AND AUTHORIZATION FORM

Beginning July 1, 1993, Virginia employers are required by law to ask all new employees whether they are subject to an income withholding order for child support. Va. Code Section 60.2-114.1. Employers are also required to notify the Child Support Enforcement Reporting Unit of the Virginia Employment Commission of the identities of all new employees. If an employee is subject to an income withholding order, employers are required to make appropriate withholdings. The information provided must be reported to the Virginia Employment Commission and the Department of Social Services. The employer is authorized to charge a service fee of \$5.00 per remittance of child support payments.

Please provide the following information:		
NAME: ADDRESS: CITY:	STATE:	ZIPCODE:
Please check of the following:		
Are you subject to any income withholding	g order for child suppor	t?
Yes	☐ No	
Do you have a copy of the order?		
Yes	☐ No	
If yes, please provide a copy when you cor	mplete this form.	
The information disclosed above shall be keep law. Falsification or material representation employee to a withdrawal of the offer of en	tion in the completion	of this form may subject an
Employee's Signature:		<u> </u>
Date:		
Please print out this form and return or dire	ect inquiries to:	

TYPE OF EMPLOYEE	DEPARTMENT	
Student, Graduate Assistant	Student Employment	
Teaching & Research Faculty, Adjunct Faculty	Academic Affairs	
Classified, Wage, Administrative & Professional Faculty	Department of Human Resources	