

**NOTIFICATION OF TERMINATION OR TEMPORARY LAYOFF / ABSENSE
North Dakota Child Support**

Report the termination or temporary layoff of an employee whose support was being withheld based on an Income Withholding Order or health insurance provided in response to the National Medical Support Notice. Please note: Online reporting is also an available option.

Employer: _____

Person completing form: _____

Title: _____

Telephone Number: (_____) _____ Date: _____

Employee Name: _____

Termination: Yes ____ No ____ Date of Separation from Employment: _____

Temporary Layoff/Absence: Yes ____ No ____ Expected Date of Return: _____

Employees Last Known Address: _____

Last Known Phone Number: (_____) _____

Remittance ID (see the Income Withholding Order): _____

Final Payment Date: _____ Amount: _____ Sent: Yes ____ No ____

New Employer (if known): _____

New Employer Address: _____

Comments: _____

Mail or fax this completed form to the [Child Support Office](#) that issued the Income Withholding order or National Medical Support Notice.