

## REQUEST FOR WAIVER FOR GOOD CAUSE-SPECIAL DIFFICULTY ASSOCIATED WITH REPORTING NEW HIRES ELECTRONICALLY

DEPARTMENT OF HEALTH AND HUMAN SERVICES CHILD SUPPORT SFN 1969 (10-2022)

Criteria for requesting a waiver for good cause:

The employer:

<ul><li>(1) employs more than 24 employees a</li><li>(2) feels that complying with the electron</li></ul>		nire reporting requirement will c	ause spec	cial difficulties.	
Business Name		Federal Employer Identification Number (FEIN)			
Address		у	State	ZIP Code	
Total Number of Full and Part-time Employees Employed Last Quarter	otal Number of Full and Part-time mployees Employed Current Quarter				
Special Difficulties Internet-based New Hire	Reporting Will Cause				
This employer meets the criteria to requunderstand that good cause waivers ne to give the employer time to resolve diff	ed to be approved by Ch	nild Support and will be time lim	ited as wa		
Date Anticipated Employer Will Be Able to S	Submit New Hire Reports El	lectronically			
Name of Individual Submitting Good Cause Waiver Request			Telephone Number		
Title			Date Sul	bmitted	
Send good cause waiver request to:					
Employer Relations Administrator Child Support CO Box 7190 Co Box					
Child Support Use Only					
Waiver approved by Child Support	Date Waiver Expires	es .			
Waiver not approved by Child Suppor	rt				
Reason Not Approved					
Signature of Employer Relations Administrator			Date		