

**EMPLOYEE HIRE / DEPARTURE NOTIFICATION FORM**

The following information is needed in order to satisfy the requirement that system administrators and operators must notify our department within 10 days of an employee being hired or departing.

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

\_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Employee's Name \_\_\_\_\_

Employee's License Number \_\_\_\_\_

Water Classification \_\_\_\_\_ Wastewater Classification \_\_\_\_\_

Water Lab Classification \_\_\_\_\_ Wastewater Lab Classification \_\_\_\_\_

Date Employed \_\_\_\_\_ Date Departed \_\_\_\_\_

Please return this form to:

**Oklahoma Department of Environmental Quality  
Attn: Operator Certification  
Water Quality Division  
PO Box 1677  
OKC, OK 73101-1677**

**OR**

**Fax# 405-702-8101**

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