

**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**