



IN RE: _____
 STUDENT LOAN DEBT OF _____

 DEBTOR/Employee _____

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EMPLOYER NOTICE OF CHANGE IN EMPLOYMENT

I, _____, on behalf of _____
 (Name) (Employer)
 notify the Oklahoma Guaranteed Student Loan Program of the following information:

 (Debtor Name)

 (Debtor Social Security Number)

Date terminated on: _____ Debtor is not earning enough to garnish.

Debtor is on a leave of absence as of _____ and is expected to return
 on _____ or the return date is unknown.

**Debtor's Last Known Address
 and telephone:**

**Debtor's Subsequent Employer and
 Telephone Number (if available):**

Tax ID: _____ - _____

(Employer Signature and Title)
(Telephone) [] _ (Fax) [] _
(Date)

RETURN THIS FORM (To be completed by Employer)
WITHIN 10 BUSINESS DAYS TO: Oklahoma Guaranteed Student Loan Program
 Recoveries Division
 Wage Withholding Unit
 P. O. Box 3000
 Oklahoma City, OK 73101-3000
 Fax number 405-234-4482