

Superior Court of Cobb County Drug Treatment Court

PARTICIPANT REQUEST FOR CHANGE OF EMPLOYMENT

Present Employer:		
	(Address)	
(City)	(County)	(Zip)
(Contact Person)		(Phone)
New Employer:		
	(Address)	
(City)	(County)	(Zip)
(Contact Person)		(Phone)
Job Description/Duties:		
Reason for Change:		
Requested Date of Change:	New Salary:	
Participant Signature: Date	Print Name:	
	Completed By the Judge)	
Approved: Yes If no, reason:		
Judge George H. Kreeger	Date	