

2008-2009 Academic Year  
**Reduction in Income Due to Loss or Change  
of Employment of Parent**



Office of Student Financial Planning  
1400 Coleman Ave.  
Macon, GA 31207-0001  
(478) 301-2670

Please explain the change in your employment status. Include all relevant dates. Do not submit this form until you have been unemployed/underemployed for at least 10 consecutive weeks.

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\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SS#

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Complete the attached Estimated Income Worksheet for the period January 1, 2008 to December 31, 2008.

Please return the completed forms to the Office of Student Financial Planning.

\*You must attach supporting documentation (i.e., separation notice, unemployment compensation notification, pay stubs, etc.).

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