

Notice to Employee as to Change in Relationship

(Notice Pursuant to Provisions of Section 1089 of the California Unemployment Insurance Code)

Employee Last Name First M.I. Social Security No.

Your employment status has changed for the reason checked below:

- Voluntary quit effective _____
- Layoff effective _____
- Leave of absence effective _____ Return to work date _____
- Discharge effective _____
- Refusal to accept available work effective _____
- Other: _____

Comments:

Signature of Authorized Co. Representative Company Date

Notice Acknowledgement

I received a copy of this Notice on: _____

Signature _____

Reset