

Notice to Employee as to Change in Relationship

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

Name _____ Social Security # _____ - _____ - _____

Your employment status has changed for the reason checked below:

Voluntary separation - Effective ____/____/____
(Date)

Layoff - Effective ____/____/____
(Date)

Leave of absence - Effective ____/____/____, with a return to work date of ____/____/____
(Date) (Date)

Discharge - Effective ____/____/____
(Date)

Refusal to accept available work - Effective ____/____/____
(Date)

Change in status from employee to independent contractor - Effective ____/____/____
(Date)

Comments:

(Supervisor's Signature)

(Company)

Date: ____/____/____

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Notice Acknowledgment

I received a copy of this notice on ____/____/____ _____
(Date) (Signature of Separating Employee)