

**NOTICE TO EMPLOYEE RE: CHANGE IN RELATIONSHIP
(California Unemployment Insurance Code Section 1089)**

Name: _____

Last 4 of SS No: _____

Your employment status has changed for the reasons checked below:

___ Voluntary Quit Effective _____.

___ Leave of Absence Effective _____; Expected Return Date _____.

___ Involuntary Termination Effective: _____.

___ Temporary Lay-Off Effective: _____.

___ Permanent Lay-Off Effective: _____.

___ Other/Explain: _____.

Comments:

1. _____
2. _____

Dated: _____
_____ Employer

ACKNOWLEDGMENT OF NOTICE

I acknowledge that I received a copy of the above Notice of Change in Relationship on _____.

Dated: _____
_____ Signature of Recipient