

NOTICE TO EMPLOYEE AS TO CHANGE IN RELATIONSHIP

Name: _____	SSN: _____
Position: _____	Department: _____
Effective Date <i>(Month/Day/Year):</i> _____	Today's Date <i>(Month/Day/Year):</i> _____

Issued pursuant to provisions of Section 1089 of the California Unemployment Insurance Code

EMPLOYMENT RELATIONSHIP CHANGE

- ☐ Voluntary Resignation
- ☐ Discharge/Layoff
- ☐ Leave of Absence with Return Date of _____
- ☐ Retirement
- ☐ Inactive Status/Reduction in Hours
- ☐ Reduction in hours (voluntary OR involuntary)

Remarks and/or Reason: _____

Employee's Signature

Date *(Month/Day/Year)*

Supervisor *(Print Name)*

Title

Supervisor's Signature

Date *(Month/Day/Year)*

Distribution: Original to Employee Personnel File, Copy to Employee