

NOTICE TO EMPLOYEE AS TO CHANGE IN RELATIONSHIP

(Issued pursuant to provisions of §1089 of the California Unemployment Insurance Code)

Name: _____ SSN#: _____

1. You were/will be laid off/discharged on ___/___/_____
(date)

2. You were/will be on leave of absence starting ___/___/_____
(date)

3. On ___/___/_____ employment status changed/will change as follows:
(date)

[Name of Employer]

By: _____

Title: _____