**NOTICE TO EMPLOYEE AS TO CHANGE IN RELATIONSHIP**

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

INSTRUCTIONS TO EMPLOYER: Written notice must be given immediately to employees of their discharge, layoff, leave of absence, or change in employment status. You may wish to prepare a duplicate employee notice and keep a copy for your records. The employee’s signature is not required. **YOU SHOULD REMOVE THESE INSTUCTIONS BEFORE USING THE FORM**

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| Name: |
| SSN#: |
| **SELECT ONE**: |
| You were/will be laid off/discharged on (date) |
| You were/will be on leave of absence starting (date) |
| On \_\_\_\_\_\_\_\_\_\_\_\_\_ (date) employment status changed/will change as follows: |
| Company: |
| Supervisor’s Signature: |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Acknowledgement**

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| Employee Signature: |
| Date: |