

# NOTICE TO EMPLOYEE AS TO CHANGE IN RELATIONSHIP

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

**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**