

**Notice to Employee as to Change in Relationship
(Termination Notice Pursuant to Provisions of Section 1089
of the California Unemployment Insurance Code)**

Name:
Social Security #:
Date:

Your employment status has changed for the reason checked below:

- Voluntary quit effective:
- Change to part-time status effective:
- Layoff effective:
- Leave of absence effective: with a return to work date of:
- Discharge effective:
- Refusal to accept available work effective:
- Change in status from employee to independent contractor, effective:

Comments:

Notice Acknowledgment:

I have received a copy of this notice on:

Date: _____ Signed by: _____