

SAMPLE
NOTICE TO EMPLOYEE AS TO CHANGE IN RELATIONSHIP
(Issued pursuant to provisions of Section 1089
of the California Unemployment Insurance Code)

Name _____ SSN# _____

1. You were/will be laid off/discharged on _____ 20_____
(date)

2. You were/will be on leave of absence starting _____ 20_____
(date)

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

(Name of Employer)

(By)