**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: