

Notice to Employee as to Change of Relationship

(Termination Notice Pursuant to Provisions of Section 1089
of California's Unemployment Insurance Code)

Name _____ SS # XXX-XX-_____

Company Name: _____

Your employment status has changed for the reason checked below:

_____ Voluntary quit effective _____
(date)

_____ Layoff effective _____
(date)

_____ Leave of absence effective _____, with a return to work date of _____
(date)

_____ Discharge effective _____
(date)

_____ Refusal to accept available work effective _____
(date)

_____ Change of status from employee to independent contractor, effective _____
(date)

Comments:

Supervisor's Signature

Company

Date: _____

NOTICE ACKNOWLEDGEMENT

I received a copy of this notice on _____
(date)

I have received all monies owed me as of this date and hold _____ and my work location harmless of any future financial claim. Furthermore, I have not suffered an on the job injury that has not been reported to my supervisor.

Signed _____

Date _____