**NOTICE TO EMPLOYEE AS TO THE 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 .

 (Month/Date)

1. You were/will be on leave of absence starting , 20 .

 (Month/Date)

1. On , 20 employment status changed/will change as follows:

 (Month/Date)

Employer Date

By Date