

**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)

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\_\_\_\_\_  
(Name of Employer)

\_\_\_\_\_  
(By)