

Notice to Employee as to Change in Relationship

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

Name _____

SSN _____

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 Date
- Demotion - decrease in work hours and/or wages, effective _____
Date
- Discharge effective _____
Date
- Refusal to accept available work effective _____
Date
- Change in status from employee to independent contractor, effective _____
Date
- Other. Employment status changed/will change effective _____ as follows:
Date

Comments:

Supervisor's Signature _____

Date _____

Associated Students of SDSU
5500 Campanile Drive, San Diego, CA 92182-7804 • (619) 594-6487

At the time of this notice your supervisor will provide you with the EDD pamphlet entitled "For Your Benefit - California's Programs for the Unemployed" (DE2320). You may also view this information online at <http://as.sdsu.edu/admin/forms/pdf/PERSONNEL/ForYourBenefit.pdf>

Notice Acknowledgment

I received a copy of this notice on _____
Date Employee Signature

Employee was unable to sign at the time of separation. Notice was mailed to employee on _____

Original - Employee Copy - A.S. HR Department/Personnel File