

## 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