

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 _____

2. You were/will be on leave of absence starting _____ 20_____
(date)

3. On _____ employment status changed/will change as follows:

(Name of Employer)

(By)

Links to California Unemployment Documents

California Programs for the Unemployed:

https://www.edd.ca.gov/pdf_pub_ctr/de2320.pdf

Health Insurance Premium Payment Application:

https://www.dhcs.ca.gov/services/Documents/DHCS_6172_%20HIPP_Application.pdf