

▲ Click above to insert your company logo

(Issued 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

Other. Employment status changed/will change effective _____ as follows:
Date

Company

Phone Number

Address

Date

City

State

Zip Code

Supervisor's Signature

Notice Acknowledgment

I received a copy of this notice on _____

Date

Signature