Notice as to Change in Employment Status

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

Last	First	M. Initial
Social Security Number: _		
our employment status ha	s changed for the reason checked below	v:
o Voluntarily quit effective	Date	
o Layoff effective Date		
o Leave of absence effecti	ve, with a return to	work date of Date
o Discharge effective Date	<u> </u>	
o Refusal to accept availab	ole work effective Date	
o Change in status from er	nployee to independent contractor, effec	tive
		Date
Comments:		Date
Comments:		Date
Comments:		Date
Comments: Supervisor's Signature	Date	Date
	Date	Date
Supervisor's Signature	Date Employee Acknowledgme	
Supervisor's Signature Company		

This form is provided as a Member Benefit of the California Restaurant Association, www.calrest.org or 800.765.4842

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