<Name of Company>

**EDD Notice as to Change in Relationship**

**This document is issued by the Company pursuant to the provisions of Section1089 of the California Unemployment Insurance Code**

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SSN#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. You were/will (circle one) be laid off/discharged (circle one) on \_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_

 (date)

2. You were/will (circle one) be on leave of absence starting \_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ (date)

3. On (date) \_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_employment status changed/will change (circle one) as follows:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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(Name of Employer)

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 (Company Representative)

October 2014