

Notice to Employee as to Change in Relationship

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

Employee Name: _____ Date of Termination: _____

Church/Company Name: _____ City: _____ 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

☐ Discharge effective _____
Date

☐ Refusal to accept available work effective _____
Date

☐ Change in status from employee to independent contractor, effective _____
Date

Comments:

Notice Acknowledgment

I received a copy of this notice on _____

Signed: _____



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"Making Disciples, Raising Up Saints & Transforming Communities for Christ"