



One Angwin Avenue  
 Angwin, CA 94508  
 hr@puc.edu

# HUMAN RESOURCES

## NOTICE TO EMPLOYEE AS TO CHANGE IN RELATIONSHIP

Employee Name:	SSN:
Position:	Department:
Effective Date:	Today's date:

*Issued pursuant to provisions of Section 1089 of the California Unemployment Insurance Code*

### EMPLOYMENT RELATIONSHIP CHANGE

- Voluntary Resignation
- Discharge/Layoff
- Leave of Absence with Return Date of \_\_\_\_\_
- Retirement
- Inactive Status/Reduction in Hours
- Reduction in hours ( voluntary OR  involuntary)

Remarks and/or Reason	
-----------------------	--

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

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Printed Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Distribution: Original to Employee Personal File, Copy to Employee*