



ARCHDIOCESE OF LOS ANGELES

NOTICE TO EMPLOYEE AS TO CHANGE IN RELATIONSHIP

Name: _____

Location/Department: _____

Job Title: _____

This is to confirm/notify you that your employment status has changed/will change as follows:

1. Voluntary Resignation effective: _____

2. Involuntary Termination effective _____

3. Layoff effective _____

Employee Signature

Date

Director of Human Resources /Pastor/Person in Charge

Date