

400 Beach St. Santa Cruz CA, 95060

## Notice of Change in Employment Status

Name:	Date:			-
One of the responsibilities you accepted when you car you decide to leave (a minimum of two weeks). We recorient, and train your replacement. This helps to ease co-workers. We reserve the right to schedule you for a termination. Failure to comply with this policy, as set for may result in disciplinary action.	quire this much no the burden that m I full two weeks af	otice so to ight othe ter you s	hat we car rwise be p ubmit your	interview, hire, laced on your written
Last Day Available to Work:/				
Reason for Resignation:				
☐ I request my last paycheck be mailed to the followi	ng address:			
		_		
☐ I would like to nick up my check on the next navda	ve l l			
☐ I would like to pick up my check on the next payda	y/			
I would be interested in re-initiating employment with S	Sun Shops in the f	uture.		
☐ Yes, Approx. date: ☐	No			
	1 1			
Employee Signature	Date			