



## DEPARTMENT OF JUVENILE JUSTICE TERMINATION OF TELEWORK AGREEMENT

/	/		
Name/Class Title	People First ID/Position Number		
/			
Office (e.g. Probation, Administration)	Unit/Program Name		
Telework Official Office Site Address			
City	County	State	Zip code
Home Phone	Alternate Contact#	Business Phone	Cell Phone

Telework Start Date:

Telework End Date:

Reason for Termination of Telework Agreement:

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent/Chief Probation Officer or comparable SES  
Manager's Signature

\_\_\_\_\_  
Date

**Note:** Original signed copy of this Termination of Telework Agreement shall be filed in the employee's official personnel file.