



Termination of Telework Agreement

Employee Name	
Employee Number	
Employee's Title	
Department	
Name of Supervisor	

Reason for terminating participation in the Telework Program:

Date

Print Employee Name

Employee Signature

Print Supervisor/Telemanager Name

Signature Supervisor/Telemanager

The completed and signed original must be filed with the employee's departmental Human Resources, a copy placed in the Teleworker's personnel file, and a copy submitted to the Department of Human Resources, Workplace Programs Division at Telework@.hr.lacounty.gov