



**CANCELLATION OF REMOTE  
WORK AGREEMENT**  
State Form 56973 (R / 3-22)



**Indiana State  
Personnel Department**

In accordance with the Flexible Work Arrangements policy, management may revoke authorization for remote work of any employee at any time.

This document serves as the employee notice of cancellation of the Remote Work Agreement.

This is effective \_\_\_\_\_.  
(month, day, year)

**I have read and understand that, by signing this agreement, I am acknowledging the cancellation of the Remote Work Agreement**

Signature of employee	Date (month, day, year)
Printed name of employee	

<b>ADDITIONAL REQUIRED SIGNATURES</b>	
Signature of Supervisor	Date (month, day, year)
Signature of Appointing Authority (or designee)	Date (month, day, year)

Once fully completed, please send copies to:

- Employee
- Employee Fact File
- Immediate Supervisor
- AGENCY Payroll
- AGENCY HR
- Agency Personnel File