



TERMINATION OF TELEWORK AGREEMENT

State Form 54321 (R / 12-12)
DEPARTMENT OF CHILD SERVICES

In accordance with the Department of Child Services (DCS) Telework Policy, you are hereby given (*check one*):

_____ week(s)
Number of

Immediate

notice of DCS's termination of the Telework Agreement. This is effective _____.
(month, day, year)

I have read and understand that, by signing this agreement, I am acknowledging the termination of the DCS Telework Agreement, dated _____.
(month, day, year)

Signature of employee	Date <i>(month, day, year)</i>
Printed name of employee	

SIGNATURES

Signature of Supervisor	Date <i>(month, day, year)</i>
Signature of Local Office Director	Date <i>(month, day, year)</i>
Signature of Regional Manager	Date <i>(month, day, year)</i>
Signature of Central Office Deputy Director	Date <i>(month, day, year)</i>