



Termination of Agreement for Remote Work/Telecommuting

Applicable: In-State Staff Employees

Doc Owner: Client Services
 Reference: hr.unm.edu/remote-work
 Submit to: clientsv@unm.edu

This form is to be completed by the supervisor and documents the termination of a Remote Work or Telecommuting Agreement that is currently in place. As per the Agreement, the change in work location will occur on the date documented within this Termination Agreement.

EMPLOYEE INFORMATION ENTERED BY SUPERVISOR

Name (Last, First): _____ Title: _____ UNM ID: _____

Department: _____ Supervisor Name: _____

Job Status: _____

Date of notice: _____

Date of return to working on site: _____ (Effort should be made to provide two (2) weeks' notice.)

The on-site work schedule will reflect the business needs of the department and/or core hours determined by the supervisor/department.

Supervisor Notes (if needed):

Supervisor Signature	Print Name	Title	Date
▶ <i>Supervisor: To route electronically- after digitally signing, save as a PDF and email as an attachment to the Department Chair/Director or employee, as appropriate.</i>			

Department Chair/Director Signature	Print Name	Title	Date
<i>(not required if Supervisor is Department Chair/Director)</i>			
▶ <i>Department Chair/Director: To route electronically- after digitally signing, save as a PDF and email as an attachment to the employee.</i>			

EMPLOYEE ACKNOWLEDGEMENT: This document serves as notice of termination of my Remote Work or Telecommuting Agreement. My signature does not indicate acceptance or concurrence with this action.

Employee Signature	Print Name	Title	Date
▶ <i>Submit completed form to HR/personnel file: After all signatures are obtained, save as a PDF and email it as an attachment to clientsv@unm.edu. If completed by hand with ink signatures, scan and email to clientsv@unm.edu.</i>			

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