



County of Humboldt Termination of Telework Agreement

Employee Name	
Employee Number	
Job Title	
County Email	
Department	
Name of Department Head or Designee	
County Primary Work Location	
Telework Alternate Work Location	

Effective Date of Agreement Termination:

Reason for Terminating Agreement:

Employee Name	
Employee Signature	
Date	

Department Head or Designee Name	
Department Head or Designee Signature	
Date	