

<b>INDIAN HEALTH SERVICE TELEWORK ARRANGEMENT PROGRAM NOTIFICATION OF MODIFICATION/TERMINATION OF TELEWORK AGREEMENT</b>	
1. TYPE OF REQUEST: (X one) <input type="checkbox"/> MODIFICATION <input type="checkbox"/> TERMINATION	2. INITIATED BY (X one) <input type="checkbox"/> EMPLOYEE/OFFICER <input type="checkbox"/> MANAGEMENT
3. Employee Name: _____ 4. Employee ID#/PHS Serial #: _____	
<b>SECTION I: EMPLOYEE INITIATED ACTIONS:</b>	
1. REQUEST FOR MODIFICATION: (Describe specific modification in detail)  2. NOTICE OF TERMINATION OF TELEWORK AGREEMENT: Please be advised that effective _____(date) I am terminating my Telework Agreement.	
<b>SECTION II: MANAGEMENT INITIATED ACTIONS</b>	
<b>1. NOTIFICATION OF MODIFICATION/TERMINATION: (Describe specific modification/termination in detail, including effective date)</b> <b>For Bargaining Unit Employees, Modifications/Terminations are deemed changes in working conditions and may have alternate procedures stipulated in applicable Collective Bargaining agreements that may apply. Check with your Servicing Labor Relations Specialist.)</b>	
<b>7. GOVERNMENT-FURNISHED EQUIPMENT/PROPERTY RETURNED: [ ] YES [ ] NO [ ] N/A</b> Use original equipment checklist and hand receipts for verification.	
<b>8. IF MANAGEMENT INITIATED MODIFICATION/TERMINATION IDENTIFY ANY STEPS THE EMPLOYEE/OFFICER CAN TAKE TO BE ELIGIBLE FOR RESUBMISSION AND APPLICABLE TIMEFRAMES.</b>	
<b>9. EFFECTIVE DATE OF MODIFICATION/TERMINATION: _____</b>	
<b>10. EMPLOYEE/OFFICER'S SIGNATURE</b>  _____	<b>11. DATE (YYYYMMDD)</b>  _____
<b>12. APPROVING OFFICIAL SIGNATURE</b>  _____	<b>13. DATE (YYYYMMDD)</b>  _____