



**NMT Termination of Agreement
for Flexible Work**

Applicable to Flexible, Hybrid, and Remote Work Employees

EMPLOYEE INFORMATION ENTERED BY SUPERVISOR

Employee Name (Last, First) _____ Title: _____

Department: _____ Supervisor Name: _____

Job Status:: _____

Date of Notice: _____ Date of Return to work on site: _____

The on-site work schedule will reflect the business needs of New Mexico Tech and the department and the hours will be determined by the supervisor.

Supervisor Notes (if Needed):

Supervisor Signature Title Date

Department Chair/Director Signature Title Date

Employee Acknowledgement: This document serves as notice of termination of my Remote Work, Flexible Schedule or Hybrid Schedule. My signature does not indicate agreement with this action but indicates notification of this action.

Employee Signature Title Date

Completed form must be submitted to HR/personnel file with a copy retained by employee and supervisor.