

**EXHIBIT D
TERMINATION OF TELEWORK AGREEMENT**

Signatures

In accordance with the Vanderburgh County Telework Policy, you are hereby given twenty-four (24) hours notice of the County's termination of the Telework Agreement, effective _____ (insert date).

I have read and understand that by signing this agreement, I am acknowledging the termination of the Vanderburgh County Telework Agreement, dated _____ (insert date).

Employee Name (Please Print)

Employee Signature

Date

Office Holder/Department Head Signature

Date

President, Vanderburgh County Commissioners

Date