

**Exhibit B\_\_ Remote Work Agreement**

**Employee:** \_\_\_\_\_ (**"Employee"**) **J#:** \_\_\_\_\_

**Department/Division:** \_\_\_\_\_

This Remote Work Agreement ("Agreement") is entered into between Community College of Philadelphia and \_\_\_\_\_ ("Employee"). This Agreement is effective as of \_\_\_\_\_ and will remain in effect unless modified or terminated by Community College of Philadelphia or Employee in accordance with the Remote Work Policy for Administrators and Confidential Employees.

Employee has been approved for a remote work arrangement in accordance with the College's Remote Work Policy for Administrators and Confidential Employees, the details of which are set forth herein.

**If Using Scheduled Remote Work Days:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

**If Using a Bank Method:**

Employee shall be allotted \_\_\_\_\_ remote work days from \_\_\_\_\_ to \_\_\_\_\_ be requested and approved by employee's supervisor (and employee's supervisor's supervisor if less than a Director). [Insert other details for use of remote work bank – maximum number of days per week/month; periods when remote work days will not be permitted; and no-carry forward of days to subsequent year, etc.]

Employee shall conduct the remote work at the home address listed on file with Human Resources ("Remote Work Location").

As a condition of this Remote Work Agreement, Employee agrees to comply with the Remote Work Policy for Administrators and Confidential Employees, including but not limited to the Terms and Conditions of Remote Work set forth therein, as it may be amended from time to time. Employee understands that Employee may be called in to work on campus by their supervisor with reasonable advance notice of not less than two business days to meet the needs of the College's operations, and Employee will be required to comply with such request.

By signing below, Employee certifies and agrees that Employee has read, understands, and shall comply with the Remote Work Policy for Administrators and Confidential Employees, including but not limited to the Terms and Conditions of Remote Work set forth therein.

Signed by Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by:

Supervisor Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Cabinet Member: \_\_\_\_\_

Signature: \_\_\_\_\_

Human Resources Department: \_\_\_\_\_

Signature: \_\_\_\_\_