

Exhibit B – Remote Work Agreement

Employee: _____ (“Employee”) **J#:** _____

Department: _____

This Remote Work Agreement (“Agreement”) is entered into between Community College of Philadelphia and [insert name] (“Employee”). This Agreement is effective as of [insert date] and will remain in effect unless modified or terminated by Community College of Philadelphia or Employee in accordance with the Community College of Philadelphia Remote Work Policy for Full-Time 12 Month Faculty.

Employee has been approved for a remote work arrangement in accordance with the College’s Remote Work Policy Full-Time 12 Month Faculty, the details of which are set forth herein (the “Remote Work Arrangement”).

If Using Scheduled Remote Work Days:

Employee’s remote work schedule shall be as follows: [insert schedule of remote workdays, designated hours, and break times (if applicable); seasons for remote work; periods when remote work will not be permitted; etc.].

OR

If Using a Bank Method:

Employee shall be allotted _____ remote work days for _____ through _____ to be requested and approved by employee’s Department Chair and Dean. [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.]

As a condition of the Remote Work Arrangement, Employee agrees to comply with the College’s Remote Work Policy Full-Time 12 Month Faculty, including but not limited to the Terms and Conditions of Remote Work set forth therein. Employee understands that Employee may be called in to work on campus by their Department Chair 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 College’s Remote Work Policy for Full-Time 12 Month Faculty, including but not limited to the Terms and Conditions of Remote Work set forth therein.

Employee Name: _____

Signed by Employee: _____

Date: _____

Approved by: _____

Department Chair Name: _____

Signature: _____

Date: _____

Dean Name: _____

Signature: _____

Date: _____

Provost and Vice President of Academic & Student Success:

Name: _____

Signature: _____

Date: _____

Human Resources Department: _____ Signature: _____