Beautiful Plains School Division

Non-Teaching Staff
Supplementary Employment Benefit Plan (SEB)
Return to Work Agreement

Name: _____
Surname **First**

Date Leave Commences: _____
Month **Day** **Year**

Date Leave Expires: _____
Month **Day** **Year**

Return to Work Date: _____
Month **Day** **Year**

I, _____, declare that the benefits of the Non Teaching Staff Supplementary Employment Benefit Plan have been reviewed with me by the Division and do hereby agree that following receipt of said SEB Plan benefits, I will return to work for the Beautiful Plains School Division on the return-to work date noted above for a minimum period of one year directly following the end of my approved maternity/parental/adoptive leave, as per Policy G.C.C.

I further agree that in the event that I do not return to work with the Division for the full year following receipt of the SEB Plan benefits and the end of my approved maternity/parental/adoptive leave, I will reimburse the Division for the full amount of benefit paid by the SEB Plan. If I return to work as stipulated, but fail to complete my work commitment, a pro-rated amount based on the number of days I have remaining on my return to work commitment will be calculated. Any amount owing will be deducted from my final pay with the remainder, if any, paid by me, to the Division on my date of resignation.

Date: _____ *Signature:* _____

Witnessed by:

Name: _____ *Position:* _____

Date: _____ *Signature:* _____