Beautiful Plains School Division

# 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 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 at least the equivalent of one full year (10 consecutive teaching months) directly following the end of my approved maternity / parental /adoptive leave, as per the Collective Agreement Article 7.06

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 teaching 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:* _____