

# ROLLING RIVER SCHOOL DIVISION POLICY

## Non-Unionized Support Staff Maternity, Adoptive and/or Parental Leave Supplementary Unemployment Benefit Plan

GDBE/P

Every employee is entitled to maternity, adoptive and/or parental leave as per the provisions of the Manitoba Employment Standards Code.

In recognition of the benefits to the Division operations of having experienced support staff return to employment with the Division following maternity or adoptive leaves, the Division will provide a Maternity or Adoptive Supplementary Employment Benefit Plan to eligible non-unionized support staff employees.

An eligible employee is defined as a non-unionized employee that:

- i) has a minimum of two full consecutive years employment with the Division and
- ii) is eligible for maternity, adoptive and/or parental leave as per Manitoba Employment Standards Code and
- iii) agrees to return to work for a period of one year following the maternity, adoptive and/or parental leave and
- iv) agrees to repay the supplementary benefit if she fails to return to work following the maternity / adoptive leave

### **Maternity, Adoptive and/or Parental Supplementary Employment Benefit Plan**

**A.** An eligible employee taking maternity leave pursuant to this policy shall be entitled to receive pay for the period of leave up to seventeen weeks in the amount of 90% of the salary being received at the time leave was taken, this pay to include any benefits received from Employment Insurance pursuant to a Supplemental Employment Benefits Plan.

In respect of the period of maternity leave, an employee will qualify to receive payments made according to the Supplemental Employment Benefits Plan as follows:

- i) The eligible employee must provide a copy of the letter received from Human Resources Development Canada that confirms their approval and effective date for maternity benefits, and follow administrative benefit claim procedures defined by the Division.
- ii) Where any portion of the maternity leave falls during any period when the employee is not earning her salary, (normally scheduled to be working), the employee does not qualify to receive supplementary employment benefit for that period of the maternity leave period.
- iii) The Supplemental Employment Benefits payable for the first two weeks, will be equivalent to 90% of the employee's gross salary, and
- iv) The Supplemental Employment Benefit equivalent to the difference between the Employment Insurance benefits the employee is eligible to receive and 90% of the employee's gross salary and will be payable for up to fifteen (15) additional weeks for maternity leaves.

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### Non-Unionized Support Staff Maternity, Adoptive and/or Parental Leave Supplementary Unemployment Benefit Plan - continued

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**B.** An eligible employee taking adoptive leave or parental leave pursuant shall be entitled to receive pay for the period of leave up to ten (10) weeks in the amount of ninety percent (90%) of the salary being received at the time leave was taken, this pay to include any benefits received from Human Resources Development Canada to a Supplemental Unemployment Benefits (SUB) Plan. The implementation of this clause is subject to the successful arrangement of a Supplemental Unemployment Benefits (SUB) Plan with Human Resources Development Canada.

In respect of the period of adoptive leave/parental, payments made according to the SUB Plan will consist of the following:

- i) up to ten (10) weeks payment equivalent to the difference between the Employment Insurance benefit of the employee is eligible to receive and ninety percent (90%) of the employees gross salary.

The implementation of this policy is subject to the successful arrangement of a Supplemental Unemployment Benefits (SUB) Plan with Human Resources Development Canada.

#### **Index Regulation**

**Date Adopted:** June 3, 2004

**Date Re-affirmed:** October 24, 2007

**Date Revised:** January 7, 2009

# ROLLING RIVER SCHOOL DIVISION REGULATION

<b>Non-Unionized Support Staff Maternity, Adoptive and/or Parental Leave Supplementary Unemployment Benefit Plan</b>
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## **Approval procedures:**

1. The employee must provide written request for maternity, adoptive and/or parental leave to the Superintendent a minimum of one month in advance of the leave.
2. The employee will be advised of the leave approval and SUB Plan eligibility by letter from the Secretary-Treasurer.

## **SUB Plan Claim Procedures:**

1. The employee will sign a return to work agreement (exhibit A attached).
2. The employee will provide a copy of the letter / statement from Human Resources Development Canada that:
  - Specifies the effective date of the maternity, adoptive and/or parental leave and the dates of the to week waiting period.
  - Identifies the weekly benefit from Employment Insurance
3. The Payroll Administrator will provide to the employee a copy of the SUB Plan benefits payable. *(90% of gross weekly pay net of the weekly benefit paid by Employment Insurance for the period of eligibility for Employment Insurance).*
4. SUB Plan benefits will be paid according to the regular pay schedule in effect in the Division.

## **Recovery of SUB Plan Benefit Paid:**

1. In the event an employee does not to fulfill the provisions of SUB Plan Return to Work Agreement, the total benefit paid from the SUB plan will be deducted from the employee's final pay.

## **Index Policy**

**Date Adopted:** June 3, 2004

**Date Re-affirmed:** October 24, 2007

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# ROLLING RIVER SCHOOL DIVISION REGULATION



## Rolling River School Division Non-Unionized Support Staff Supplementary Unemployment Benefit Plan Return to Work Agreement

I, \_\_\_\_\_, declare that the benefits of the Non Unionized Support Staff Supplementary Unemployment Benefit Plan have been reviewed with me by the Division and do hereby agree that following receipt of said SUB Plan benefits, I will return to work with the Rolling River School Division for a minimum period of one year directly following the end of my approved maternity, adoptive and/or parental leave.

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 SUB Plan benefits and the end of my approved maternity, adoptive and/or parental leave, I will reimburse the Division for the total amount of benefit paid by the SUB Plan.

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

**Witnessed by:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
*(Print)* *(Print)*

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