

ROLLING RIVER SCHOOL DIVISION POLICY

Non-Unionized Support Staff Maternity and/or Parental Leave Supplementary Unemployment Benefit (SUB) Plan

GDBE/P

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

In recognition of the benefits to the Division when experienced support staff return to employment with the Division following maternity or parental leaves, the Division will provide a Maternity or Parental Supplementary Unemployment Benefit (SUB) Plan to eligible non-unionized support staff employees.

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

- i. has a minimum of 15 working months employment with the Division and
- ii. is eligible for maternity and/or parental leave as per the 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 and parental leave

Maternity, Adoptive and/or Parental Supplementary Unemployment Benefit (SUB) Plan

A. Maternity Leave

An eligible employee taking maternity leave pursuant to this policy shall be entitled to receive pay for the period of leave up to eighty-five (85) days 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 Supplementary Unemployment Benefit (SUB) Plan. The maximum benefit period of eighty-five (85) days is inclusive of any Employment Insurance waiting period.

B. Parental Leave

An eligible employee taking parental leave shall be entitled to receive pay for the period of leave up to fifty (50) days 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 Service Canada pursuant to a Supplementary Unemployment Benefit (SUB) Plan. The maximum benefit period of fifty (50) days is inclusive of any Employment Insurance waiting period.

In respect of the period of maternity and/or parental leave, an employee will qualify to receive payments made according to the Supplementary Unemployment Benefit (SUB) Plan as follows:

- i. The eligible employee must provide a copy of the statement received from Service Canada that confirms their approval and effective date for maternity and/or parental benefits, and follow administrative benefit claim procedures defined by the Division.

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Non-Unionized Support Staff Maternity and/or Parental Leave Supplementary Unemployment Benefit (SUB) Plan - Continued
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- ii. Where any portion of the maternity and/or parental leave falls during any period when the employee is not normally scheduled to be working and earning her/his salary, the supplementary employment benefit will be postponed until the employee would normally be scheduled to work
- iii. The Supplementary Unemployment Benefit (SUB) payable for the Employment Insurance waiting period will be equivalent to 90% of the employee's gross salary, and
- iv. The Supplementary Unemployment Benefit (SUB) 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 the balance of / days remaining of the eighty-five (85) days of eligible maternity leave and /or the fifty (50) days of parental leave.

The implementation of this policy is subject to the successful arrangement of a Supplementary Unemployment Benefit (SUB) Plan with Service Canada.

Index Regulation

Date Adopted: June 3, 2004
Date Reaffirmed: October 24, 2007
Date Revised: January 7, 2009
Date Revised: June 20, 2012
Date Revised: June 8, 2016
Date Revised: June 21, 2017
Date Reaffirmed: October 6, 2021

ROLLING RIVER SCHOOL DIVISION REGULATION

Non-Unionized Support Staff Maternity and/or Parental Leave Supplementary Unemployment Benefit (SUB) Plan

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Approval procedures:

1. The employee must provide written request for maternity 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 statement from Service Canada that:
 - Specifies the effective date of the maternity and/or parental leave and the dates of the waiting period.
 - Identifies the weekly benefit from Employment Insurance
3. The Payroll Administrator will provide to the employee a copy of the SUB Plan benefit 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 benefit will be paid according to the regular pay schedule in effect in the Division.

Recovery of SEB Plan Benefit Paid:

1. If the employee does not return to work following the leave, the Division will invoice the employee for the total amount of benefit paid by the SUB Plan
In the event an employee returns to work but does not 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.

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ROLLING RIVER SCHOOL DIVISION REGULATION



Rolling River School Division Non-Unionized Support Staff Supplementary Unemployment Benefit (SUB) Plan

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 benefit, 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 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, 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: _____