



SCHEDULE II
SUPPLEMENTAL EMPLOYMENT BENEFIT (SEB) PLAN
APPLICATION/AGREEMENT FORM

TO BE COMPLETED BY EMPLOYEE:

PLEASE PRINT

LAST NAME:	FIRST NAME:	EMPLOYEE NO.:
POSITION:	LOCATION:	FTE: FULL-TIME PART-TIME
STATUS:	TEMPORARY CONTRACT	PROBATIONARY PERMANENT
EMPLOYEE'S MAILING ADDRESS:		

In accordance with the terms and conditions of the Collective Agreement currently in force and the Supplemental Employment Benefit (SEB) Plan set out thereunder, I hereby apply for Supplemental Employment Benefits from the Board for the Pregnancy Leave, as listed on my Leave of Absence Application form:

Pregnancy Leave Start Date: _____ **to Pregnancy Leave End Date:** _____

I request that the Toronto District School Board issue payment to me as follows as long as I remain in receipt of EI benefits from HRSDC:

<p>Pregnancy Leave</p> <ul style="list-style-type: none"> • First 1 week (waiting period) paid at 100% by the Board • The following 7 weeks paid at 100% of salary, less weekly EI payment 	<p>Parental Leave for the purpose of Adoption Only Permanent Employees are eligible</p> <ul style="list-style-type: none"> • First 1 week (waiting period) paid at 90% of insurable earnings, paid by the Board • Top-up payment of \$75 per week for the following 15 weeks of Adoption Leave
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1. **I have attached the following:**

- (a) Proof of Date of Birth (DOB) of my child
- (b) Proof of my eligibility to Employment Insurance pregnancy/adoption benefits from Service Canada including:
 - (1) The "start date of claim"; and
 - (2) Dates for the "waiting period" if served; and
 - (3) The number of "weeks of maternity benefits paid".

You can access this information on-line under "My Service Canada Account", or by obtaining a letter from Service Canada with this information.
- (c) Verification of the approval of my Employment Insurance claim indicating the weekly amount to be paid by Service Canada.

2. **In accordance with this SEB Plan I hereby agree that:**

- (a) I will return to work (prior to submitting my resignation) and remain in the service of the Board (in accordance with the terms of my Collective Agreement to which this Plan is appended) after returning from my Pregnancy/Adoption Leave (and from any subsequent additional leave granted by the Board under my Collective Agreement); and
- (b) Should I not comply with (a) above I shall reimburse the Board any monies paid to me under this SEB Plan and, for this purpose, I hereby irrevocably authorize the deduction by the Board from any monies owing to me such monies paid to me under this SEB Plan.

Date: _____ Employee's Signature: _____

Signature of Witness: _____

Please return to:

Payroll Department
5050 Yonge Street, 4th Floor, Toronto, Ontario M2N 5N8