

**RETURN SERVICE AGREEMENT FOR
EMPLOYEES ON MATERNITY LEAVE**



Employee Name: _____ Number: _____ Dept: _____

Date Leave Commences: _____ Date Leave Expires: _____

*** Please Note: You can apply for Maternity Leave Plan “A” or “B” but not both**

MATERNITY LEAVE PLAN “A” (No Supplement to EI): Applicable Not Applicable

An employee who has been granted maternity leave shall be permitted to apply up to a maximum of five (5) days of their accumulated sick leave against the Employment Insurance (EI) waiting period.

Please indicate your choice: I accept I decline

I, _____, for and in consideration of qualifying for Maternity Leave Plan “A” do hereby agree that:

- (a) I will return to work with the Government of Manitoba on the day that my leave expires, or if I am taking Parental Leave, on the day that my Parental Leave expires, unless that date is modified by the employing authority; and
- (b) Should I not return to work following my leave for a period of employment sufficient to allow for re-accumulation of the number of sick days granted, I will be indebted to the Government of Manitoba for, and agree to compensate the Government of Manitoba, for the balance of the outstanding days at the time of termination.
- (c) Approved sick leave with pay granted during the period of return shall be counted as days worked.

MATERNITY LEAVE PLAN “B” (Supplement to EI): Applicable Not Applicable

An employee who qualifies is entitled to a Supplement to Employment Insurance (EI) Maternity Benefits as follows:

- a) for the first week an employee shall receive ninety-three percent (93%) of their weekly rate of pay;
- b) for up to a maximum of fifteen (15) additional weeks, payments equivalent to the difference between the Employment Insurance benefits the employee is eligible to receive and ninety three percent (93%) of their weekly rate of pay

*** Please Note: Plan “B” does not apply to term employees or employees who normally are subject to seasonal lay-off**

I, _____, for and in consideration of receiving a Supplement to Employment Insurance (EI) for Maternity Leave do hereby agree that:

- (a) I will return to work with the Government of Manitoba on the day that my leave expires, or if I am taking Parental Leave, on the day that my Parental Leave expires, unless that date is modified by the employing authority; and
- (b) If I am a full-time employee, I will remain in the employ of the Government of Manitoba on a full-time basis for at least the six (6) months immediately following my return to work; or
- (c) If I am a part-time employee, I will remain in the employ of the Government of Manitoba on a part-time basis for at least the six (6) months immediately following my return to work; or
- (d) If I am a full-time employee and if I so request and the employing authority authorizes me to return as a part-time employee; I will remain in the employ of the Government of Manitoba on a part-time basis for at least the twelve (12) months immediately following my return to work; and
- (e) If I fail to return to work as stipulated in (a), I will be indebted to the Government of Manitoba for, and agree to repay the Government of Manitoba, through payroll deduction and/or another method of payment satisfactory to the employing authority, the full amount of pay received by me from the Government of Manitoba as a supplement to EI during my entire period of leave; or
- (f) Should I return to work as stipulated in (a) but fail to remain at work on the basis as stipulated in (b), (c) or (d), I am indebted to the Government of Manitoba for a pro-rated amount based on the number of months I have remaining on my return service commitment, rounded to the nearest full week, and agree to repay the Government of Manitoba through payroll deduction and/or another method of payment satisfactory to the employing authority, the pro-rated amount.

_____ Date _____
Signature of Applicant

Employing Authority Approval:

_____ Date _____
(Please print name) (Signature)

*** PLEASE RETURN COMPLETED FORM TO YOUR PAY & BENEFITS OFFICE ***