



Beautiful Plains School Division

Non Teaching Staff Supplementary Employment Benefit Plan (SEB) Return to Work Agreement

I, _____, declare that the benefits of the Non 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 for a minimum period of one year directly following the end of my approved maternity/parental/adoptive 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 SEB Plan benefits and the end of my approved maternity/parental/adoptive leave, I will reimburse the Division for the total amount of benefit paid by the SEB Plan. Any amount owing will be deducted from my final pay with the remainder, if any, refunded to the Division on my date of resignation.

Date: _____ *Signature:* _____

Witnessed by:

Name: _____ *Position:* _____

Date: _____ *Signature:* _____