



## **Maternity and Parental Leave Sub Plan Repayment Agreement** (Management and Professionals)

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

I have consulted with a Human Resources Representative and fully understand my obligations. I agree to the following:

95% of my maternity and parental leave salary differential will be paid to me during my leave of absence. I agree to return to work and remain at work for a minimum of six months. Should I fail to return to work, or having returned to work to a period of less than six months, I agree to repay the University of British Columbia gross salary received during the first week of maternity leave and the gross salary difference paid to me during the following weeks of maternity leave. I understand that if I do not make the required repayment, I may be subject to legal action initiated by the University to regain such payments.

Employee Signature: \_\_\_\_\_

UBC Representative Signature: \_\_\_\_\_

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