



Maternity Leave Sub Plan Repayment Agreement (CUPE 2950)

Employee Name: _____

Employee Number: _____

In accordance with the Letter of Agreement Article 30.07 Maternity Leave, I have consulted with a Union Representative or Shop Steward and have a full understanding of my obligations regarding the Letter of Agreement. I agree to the following:

95% of my maternity leave salary differential will be paid to me during my leave of absence and the remaining 5% of my maternity leave differential be paid to me upon my return to work rather than after completing six (6) months of service following my leave of absence. I agree to return to work and remain at work for a minimum of six (6) months. If I return to work on a part-time basis, I am obligated to fulfill the full-time equivalent (FTE) of 6 months work in order to retain the SEB payments that I received.

Should I fail to return to work, or having returned to work to a period of less than six (6) months of service, or return to part-time work, I am dismissed for just cause before I complete the FTE of 6 months work, I agree to repay the University of British Columbia the full gross salary SEB received. I understand that under no circumstances will this repayment be prorated. I understand that if I do not make the required repayment, I will be subject to legal action initiated by the University of British Columbia to regain such payments.

If I receive notice from the University subsequent to my return that terminates my employment without cause, I will not be obligated to repay any portion of the SEB payments received.

Employee Signature: _____

CUPE Local 2950 Representative Signature*: _____

Date: _____

*This signature implies no liability on the part of the Canadian Union of Public Employees, its local union 2950, or the individual union representative.