

Maternity/Legal Adoption/Parental Leave Supplement to Employment Insurance Benefit (SUB) Program Application Form

Last revised: October 2021
Last reviewed: October 2021
Next review: October 2022

(This form is used to apply for the regular supplemental top-up payment. The completed form must be submitted to the Human Resource Service Centre (HRSC) for processing at the commencement of the leave.)

Personal Information (must be completed)

Full Name _____ Employee Number: _____
Ministry: _____ Branch: _____

Employment Information (must be completed)

Employee Designation (Please Select One):

- Permanent Full-time Permanent Part-time Permanent Labour Service
 Non-Permanent (Term/Contract) Non-Permanent (Relief) Non-Permanent (Casual)

Non-Permanent/Term/Contract Employee – Determination of Benefits (must be completed if applies)

The end date of the non-permanent appointment: (MM/DD/YYYY) _____

If the end date of your non-permanent appointment(s):

- Extend(s) beyond the end date of the maternity/legal adoption/parental leave, **complete this form** and submit with a leave of absence form to your manager for signature;
- Does not extend beyond the end date of the maternity/legal adoption/parental leave, **complete [Request for Retroactive Payment Form](#), upon return to eligible employment within 24 months from the leave start date. When applying for a retroactive payment, the application form must be received within seventeen (17) weeks following the return to work from maternity/ legal adoption/ parental leave.**

Leave Information (must be completed)

Definite Leave of Absence for Maternity/ Legal Adoption/ Parental:

Start (MM/DD/YYYY) _____ to End (MM/DD/YYYY) _____

Request for SUB Program Benefits

- In applying for benefits under this program, I fully acknowledge that I have reviewed [PS 702-4 Maternity/Legal Adoption/Parental Leave Supplement to Employment Insurance Benefit \(SUB\) Program In-Scope Employees](#) or [PS 702-5 Maternity/Legal Adoption/Parental Leave Supplement to Employment Insurance Benefit \(SUB\) Program Out-of-Scope Employees](#) policies and understand all of the requirements.

I am applying for benefits under the following SUB program option:

Option 1:

Receive top-up for the maximum number of weeks

OR

Option 2:

If I am sharing this benefit with a partner, the maximum combined benefit available to myself and my partner is seventeen (17) weeks (includes the one (1) week waiting period)

I will be sharing SUB program benefits with my partner _____, employee number _____, who is employed by the Government of Saskatchewan in the Ministry of _____. I am requesting top-up for _____ weeks.

Return Service Commitment

By receiving benefits under the SUB program, I agree, immediately following my maternity/legal adoption/parental leave, to return to continuous service with the employer for a period which equals one (1) week of service for each week of benefit received under the SUB program. If I fail to meet this commitment, I promise to pay to the Employer an amount calculated in accordance with either 1 or 2 below:

- 1) In the event that I do not return to service with the Employer, an amount which equals all benefits that I received under the SUB program; or,
- 2) If I return to work for only a portion of the required period of return service, an amount which equals the amount of the benefits I received under the SUB program for those weeks which I did not complete the service commitment (e.g. If I received 17 weeks of benefit and only returned for 7 weeks, I would be obligated to pay back 10/17ths of the total SUB program benefits received).

In signing this application, I signal my understanding and acceptance of my obligations and the terms and conditions of participation in the Supplement to Employment Insurance Benefit Program and promise to repay the full amount owing of the program benefits received as provided above upon identification of the return service commitment not being fulfilled.

Employee Signature

Date (MM/DD/YYYY)

Manager Signature

Date (MM/DD/YYYY)

Note: Manager acknowledges the application and submits a signed copy of this form with the approved Definite Leave of Absence form to the HRSC (hrsc@gov.sk.ca).