

Form 8-I

Application – Supplemental Employment Benefits

Provincial Collective Bargaining Agreement – Supplemental Employment Benefits (8.4.4.1)

I hereby apply to the Board of Education of the _____ School Division for Supplemental Employment Benefits in accordance with Article 8 of the Provincial Collective Bargaining Agreement, SEB Plan.

LAST NAME

FIRST NAME

INITIAL

Estimated date of birth of child _____ (D/M/Y)

- I understand that it is my responsibility to provide the Board of Education with information as it becomes available with respect to my claim using the following form as required:

Form 8-II Practitioner's Report – Confirmation of Date of Delivery

- I understand that it is my responsibility to provide the Board of Education with a copy of the letter confirming the commencement and level of my EI benefits.

TEACHER'S SIGNATURE

DATE (D/M/Y)

For Board Use Only

Approved maternity leave dates: _____

Date SEB application received: _____

Date of written confirmation of receipt of application: _____

Commencement of period as per 8.2.1(b): _____

Commencement of EI benefit period: _____