

# Request for Retroactive Payment Maternity/Legal Adoption/Parental Leave Supplement to Employment Insurance Benefit (SUB) Program Application Form

Last revised: September 2020  
Last reviewed: September 2020  
Next review: September 2021

*(This form is used to apply for the retroactive supplemental top-up payment. The complete form must be submitted to the Human Resource Service Centre (HRSC) for processing within seventeen weeks (17) following the return from leave/rehire.)*

## Personal Information (must be completed)

Full Name \_\_\_\_\_ Employee Number: \_\_\_\_\_  
Ministry: \_\_\_\_\_ Branch: \_\_\_\_\_

## Employment Information (must be completed)

### Employee Designation (Check Applicable)

I have returned to active employment with the Executive Government of Saskatchewan effective: (MM/DD/YYYY)  
\_\_\_\_\_ in a **(select one)**:

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

Note: The application form must be received within seventeen (17) weeks following the return to work from maternity/ legal adoption/ parental leave or upon rehire for non-permanent employees.

## Non-Permanent Term Employee (complete if in a non-permanent appointment)

The end date of non-permanent appointment: (MM/DD/YYYY) \_\_\_\_\_

### Eligibility for benefits note:

**For non-permanent employment, if benefits were restricted in whole or in part (i.e. term appointment expired while on leave), retroactive benefits may be paid. To be eligible, an employee must be rehired with the Government of Saskatchewan within twenty-four (24) months from the start date of the leave, and the application form must be received within seventeen (17) weeks following the date of rehire.**

## Leave Information (must be completed)

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

Start (MM/DD/YYYY) \_\_\_\_\_ to End (MM/DD/YYYY) \_\_\_\_\_

## 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) in the event that I return to work for only a portion of the required period of return service, an amount which equals the amount of the benefits which I received under the SUB program for those weeks for 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).

## Request for Special Retroactive Payment

I am applying for the Retroactive Payment in accordance with [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](#) policy.

I have attached copies of all EI benefit payment details applicable to the first seventeen (17) weeks following birth/legal adoption of my child or the applicable weeks covering EI parental leave benefits.

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 to the HRSC ([hrsc@gov.sk.ca](mailto:hrsc@gov.sk.ca)).