

Application – Supplemental Employment Benefits

Provincial Collective Bargaining Agreement – Supplemental Employment Benefits (8.5.1.1)

Teacher Identification and Authorization

Last Name	First Name	Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Estimated date of birth of child:
(Day/Month/Year, e.g., 31 JAN 2000)

- 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 Qualified Medical Practitioner's Report – Confirmation of Date of Delivery, or Verification of Adoption or Surrogacy**
- 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.

<input checked="" type="checkbox"/>	<input type="text"/>
	<input type="text"/> (Day/Month/Year, e.g., 31 JAN 2000)

For Board Use Only

Approved maternity leave dates: **from** **to**
(Day/Month/Year, e.g., 31 JAN 2000) (Day/Month/Year, e.g., 31 JAN 2000)

Date SEB application received:
(Day/Month/Year, e.g., 31 JAN 2000)

Date of written confirmation of receipt of application:
(Day/Month/Year, e.g., 31 JAN 2000)

Commencement of period as per 8.2.1(a)i:
(Day/Month/Year, e.g., 31 JAN 2000)

Commencement of EI benefit period:
(Day/Month/Year, e.g., 31 JAN 2000)