



# Rolling River School Division

## ADMINISTRATIVE PROCEDURE

### GDBC – TRADES EMPLOYEE APPRENTICESHIP TRAINING SUPPLEMENTARY EMPLOYMENT BENEFIT PLAN

---

The Board of Trustees acknowledges the benefits to Division operations of qualified journeyman status trades in designated jobs and supports leaves of absence to employees to attend required apprenticeship training to achieve this status.

An employee classified as an Unlicensed Trade job and employed in a position designated by the Division to receive apprenticeship training to achieve journeyman qualification / status will be eligible to receive pay for the period of apprenticeship classroom training in the amount of ninety percent (90%) of the salary being received at the time leave was taken; this pay to include any benefits received from Services Canada and pay under a Division funded Supplemental Employment Benefits (SEB) Plan.

In respect of the period of leave, payments made according to the SEB plan will consist of payment equivalent to the difference between the Employment Insurance benefit the employee is eligible to receive and ninety percent (90%) of his/her gross salary.

Approval of an employee for this supplemental pay is subject to:

- a) The employee being employed in a Trades job that the Division supports to attend apprenticeship training as a condition of employment.
- b) The employee being eligible for employment insurance benefits for the period of the leave to attend the apprenticeship training.
- c) The employee agreeing to return to employment with the Division for a minimum of six months following completion of the period of leave for the training.
- d) The successful arrangement of a Supplemental Employment Benefits (SEB) Plan with Human Resources Development Canada.

The employee adhering to administrative guidelines and claim procedures established by the Division.

#### **Approval Procedures:**

1. The employee must provide a written request for an educational leave to the Superintendent a minimum of three months in advance of the leave.
2. The Supervisor will provide a letter of support for the leave and advise of the requirement for the job to attain journeyman status.
3. The employee will be advised of the leave approval and SUB Plan eligibility by letter from the Secretary-Treasurer.

### **SUB Plan Claim Procedures:**

1. The employee will sign a return-to-work agreement (Appendix A attached)
2. The employee will provide a copy of the letter / statement from Service Canada that:
  - Specifies the effective date of the educational leave and the dates, if applicable, of the waiting period.
  - Identifies the weekly benefit from Employment Insurance
3. The Payroll Administrator will provide the employee a copy of the SUB Plan benefits payable. *(90% of gross weekly pay net of the weekly benefit paid by Employment Insurance for the period of eligibility for Employment Insurance).*
4. SUB Plan benefits will be paid according to the regular pay schedule in effect in the Division.

### **Recovery of SUB Plan Benefit Paid:**

1. If the employee does not return to work following the leave, the Division will invoice the employee for the total amount of benefit paid by the SUB Plan  
  
In the event an employee returns to work but does not fulfill the provisions of SUB Plan Return to Work Agreement, the total benefit paid from the SUB plan will be deducted from the employee's final pay.

**Date Adopted:** February 5, 2004

**Date Reaffirmed:** October 24, 2007

**Date Revised:** January 18, 2012

**Date Revised:** June 21, 2017

**Date Reaffirmed:** October 6, 2021



## Rolling River School Division

### TRADES EMPLOYEE APPRENTICESHIP TRAINING SUPPLEMENTARY EMPLOYMENT BENEFIT PLAN

---

I, \_\_\_\_\_, declare that the benefits of the Trades Employee Apprenticeship Training Supplementary Unemployment Benefit Plan have been reviewed with me by the Division and do hereby agree that following receipt of said SUB Plan benefits, I will return to work with the Rolling River School Division for a minimum period of six consecutive months directly following receipt of these benefits.

I further agree that in the event that I do not return to work with the Division for the full six months following receipt of the SUB Plan benefits, I will reimburse the Division for the total amount of benefit paid by the SUB Plan.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*Witnessed by:*

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
(Print) (Print)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_