



APPLICATION FOR MATERNITY SEB PAYMENTS

Employee Full Name (please print): _____

Employee Position: _____

Employee Contact Number: _____

Employee SAP ID#: _____

Birth Date of Baby: _____

Employee Signature: _____ Date: _____

Each eligible applicant must submit appropriate verification from Service Canada, to the Board's Payroll Department indicating the following information:

1. Amount of Employment Insurance weekly benefit amount. If not eligible for EI benefits, please provide confirmation from Service Canada that the claim was denied for Maternity benefits.
2. Amount of EI benefit for the one (1) week waiting period, if no benefit paid, the Service Canada document should reflect zero dollars during the waiting period.

You may obtain this information by the following methods:

1. Attaching the Employment Insurance Benefits Payment Statement displaying the weekly benefit amount and waiting period amount.

OR

2. Accessing and printing information from your "My Service Canada Account Home Page"

OR

3. Requesting that Service Canada provide a letter with appropriate verification by calling 1-800-206-7218.

This information can be submitted to Payroll Services, as per the following methods:

- Emailed (scanned copy) to: payrollrecpt@tcdsb.org
- Payroll Fax: 416-229-5327
- Mailed to: Payroll Services, 80 Sheppard Avenue East., Toronto, Ontario, M2N 6E8, 4th Floor