



SICK/STD LEAVE REPAYMENT AGREEMENT

Employee Name:_____ **UFV Employee Number:**_____

I have requested Sick/Short Term Disability (STD) Leave and have been placed on conditional leave, effective_____, pending receipt of medical evidence that satisfactorily supports my absence.

In the event my leave is denied, I agree to repay all Sick/STD Leave benefits paid to me within 10 days from the date of the denial notification letter.

If I fail to repay the balance of the Sick/STD Leave benefits in full within 10 days from the date of the denial letter, I understand and agree that UFV will deduct the Sick/STD Leave benefits balance from my next regular payroll deposit in a one-time deduction for the balance in full*; EXCEPT where the SICK/STD Leave benefits balance exceeds the amount of my next regular payroll deposit, I agree that University of the Fraser Valley (UFV) will deduct the Sick/STD Leave benefits owing from my payroll deposits until the balance is paid in full.

I understand that if my employment terminates prior to repayment of the Sick/STD Leave benefits in full, the balance due at the time of termination will be deducted from my final wages and any vacation pay due and owing at the time of my termination. If all unpaid earnings at the time of termination are insufficient to settle the Sick/STD Leave benefits owing, I will make a personal payment or sign a promissory note to the UFV for the balance due.

Signature of Employee

Date

*If a one-time deduction for the balance in full creates a financial hardship, the employee may request and the employer may grant a suitable repayment plan..