St. Clair County Community Mental Health

Return to Work Commitment – Paid Parental Leave

Employee: _____ Program/Department: _____

I, _____(Employee Name), acknowledge and agree to the following terms regarding my return to work after taking Paid Parental Leave:

1. **Commitment to Return to Work:**
   I understand that I am required to work for St. Clair County Community Mental Health (the "Authority") for one (1) full year upon my return to work from my leave of absence. The one (1) full year will begin on my first day back to work, which is currently scheduled to be _____.

2. **No Adjustment for Return Status:**
   I understand that my approved return to work status, whether Regular Part-Time (RPT) or Regular Full-Time (RFT), will not affect the duration of this one-year commitment.

3. **Repayment Requirement:**
   I understand that failure to complete the full one-year commitment will require me to repay the Authority for the four (4) weeks of Paid Parental Leave received prior to my termination. If I am unable to repay the full amount, I authorize the Authority to deduct the owed amount from any wages or other funds due to me at the time of my termination, in accordance with Michigan law.

4. **Remaining Balance:**
   If any balance remains after such deductions, I agree to pay the Authority the remaining balance immediately or arrange a prepayment plan that is satisfactory to the Authority. Should I fail to pay the remaining balance by my last day of employment or fail to establish an acceptable repayment plan, I authorize the Authority to initiate legal action to recover the remaining balance, including interest, costs, and attorney's fees, through an appropriate court, tribunal, or agency of competent jurisdiction.

5. **Documentation Requirements:**
   I understand that I must be named as a parent on the child's birth certificate or adoption paperwork. This documentation must be presented to the Authority within thirty (30) days of the child's birth or adoption. Additionally, I understand that I have thirty (30) days to add my child as a dependent on any applicable benefit plans (e.g., medical). If I fail to do so within this timeframe, I acknowledge that I must wait until the next open enrollment period to add my dependent.

Employee Acknowledgement:

By signing below, I confirm that I have been provided the opportunity to review this Agreement, ask any questions, and that all of my questions have been answered to my satisfaction.

Employee Signature: _____ Date: _____

HR Designee Signature: _____ Date: _____

CC: Finance Coordinator