

REQUEST FOR MATERNITY/PARENTAL/PATERNITY LEAVE

SECTION A - EMPLOYEE		
Name:	Division/Location:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Employee No.:		
Position :	Dates: From: _____ To: _____	
Maternity <input type="checkbox"/> Parental <input type="checkbox"/> Paternity (Quebec residents only) <input type="checkbox"/>		
By submitting this request, I acknowledge and understand that: <ul style="list-style-type: none"> I will provide the Employer at least two (2) weeks' written notice prior to my return to work. In most cases, a combination of maternity and parental benefits can be received up to a combined maximum of 52 weeks. If I fail to provide notice and/or fail to return to work on the expiry date of the maternity/parental/paternity leave, I will be considered to have voluntarily terminated my employment. 		
_____ Employee Signature		_____ Date

SECTION B – EMPLOYEE GROUP BENEFITS/PENSION COVERAGE ELECTION		
Maternity Leave		
Group Benefits ⁽¹⁾	Continue <input type="checkbox"/>	Cancel <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Pension	Continue <input type="checkbox"/>	Cancel <input type="checkbox"/> Not Applicable <input type="checkbox"/>
⁽¹⁾ An employee residing in the province of Quebec may cancel her group benefits coverage. The employee will be required to keep her health coverage unless she provides proof of alternate coverage as mandated by the Régie de l'assurance maladie du Québec.		
Parental Leave		
Group Benefits ⁽¹⁾⁽²⁾	Continue <input type="checkbox"/>	Cancel <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Pension ⁽²⁾	Continue <input type="checkbox"/>	Cancel <input type="checkbox"/> Not Applicable <input type="checkbox"/>
⁽¹⁾ An employee residing in the province of Quebec may cancel his/her group benefits coverage. The employee will be required to keep his/her health coverage unless he/she provides proof of alternate coverage as mandated by the Régie de l'assurance maladie du Québec. ⁽²⁾ An employee may continue group benefits and/or pension coverage provided that he/she pays both the Employer's and his/her share of contributions.		
Paternity Leave (Quebec residents only)		
Group Benefits ⁽¹⁾⁽²⁾	Continue <input type="checkbox"/>	Cancel <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Pension ⁽²⁾	Continue <input type="checkbox"/>	Cancel <input type="checkbox"/> Not Applicable <input type="checkbox"/>
⁽¹⁾ An employee residing in the province of Quebec may cancel his group benefits coverage. The employee will be required to keep his health coverage unless he provides proof of alternate coverage as mandated by the Régie de l'assurance maladie du Québec. ⁽²⁾ An employee may continue group benefits and/or pension coverage provided that he pays both the Employer's and his share of contributions.		
Pension Contributions Continuation (for Parental/Paternity Leave only)		
I request that pension contributions required for the period of my parental/paternity leave be collected :		
1. within one (1) month of my return to work directly from my salary in a one (1) lump sum payment;		
2. upon my return to work directly from my salary in equal installments paid over _____ weeks. The length of the installments may not be greater than twice the length of my parental/paternity leave; or		
3. during my parental/paternity leave directly from my bank account (see Payment Deduction Authorization Form)		
Employee Election	Employee Signature	Date

SECTION B – EMPLOYEE (Continued)
EMPLOYMENT INSURANCE SUPPLEMENT (Maternity Leave Only)

If I am eligible to receive Employment Insurance Supplement (EIS), I elect to:
receive the EIS during my maternity leave
receive the EIS within one (1) month of my return to work from the combined
maternity/parental leave in a lump sum amount

I will reimburse the Employer a percentage of the EIS if I do not return to work for a period of time equal to my maternity leave

OTHER PAYROLL DEDUCTIONS

Canada Savings Bonds ⁽¹⁾	Continue <input type="checkbox"/>	Suspend <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
CFPFSS Payment ⁽²⁾	Continue <input type="checkbox"/>		Not Applicable <input type="checkbox"/>
Other – Parking ⁽³⁾	Continue <input type="checkbox"/>		Not Applicable <input type="checkbox"/>
Other – Public Transit ⁽⁴⁾	Continue <input type="checkbox"/>	Suspend <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Other – Provincial Health Care ⁽⁵⁾	Continue <input type="checkbox"/>		Not Applicable <input type="checkbox"/>

⁽¹⁾ Payments may be suspended while on maternity/parental/paternity leave.

⁽²⁾ Employee must make alternate arrangements with the local Accounting Office.

⁽³⁾ Payment must be continued unless alternate arrangements are made.

⁽⁴⁾ Public transit passes paid through the Employer (i.e. ECOPASS) may be suspended while on leave. Employee is responsible to continue to pay the deduction while on leave or return public transit passes to HR Office for cancellation.

⁽⁵⁾ An employee residing in British Columbia is responsible for remitting directly to the provincial authority the full premiums required to maintain coverage.

I acknowledge and understand that I am liable for the payment of group benefits/pension deductions as well as other payroll deductions.

Employee Signature

Date

SECTION C – MANAGER

- This request meets the requirements of HRPOL and is approved
 This request does not meet the requirements of the HRPOL and is denied for the following reasons:

Manager Signature

Date

SECTION D – HUMAN RESOURCES

Employment Insurance Supplement – Maternity Leave

- Medical Certificate has been provided
 Employee has provided proof of EI Application
 EIS if employee is subject to a waiting period _____.
 EIS for each week employee receives maternity leave benefit _____.

HRM Signature

Date

SECTION E - GENERAL INFORMATION VACATION ENTITLEMENTS

Please note that you are not entitled to earn vacation days for periods of leave without pay (i.e. maternity/parental leave).

APPLYING FOR EI BENEFITS

Should I go to a Service Canada Centre or HRSDC Office to Apply?

To receive maternity, parental or sickness benefits you must submit an Employment Insurance application on-line at www.servicecanada.gc.ca (or www.rqap.gouv.qc.ca) or in person at your local HRSDC (or RQAP) office **as soon as you stop working**. Delaying in filing your claim for benefits beyond 4 weeks after your last day of work may cause loss of benefits.

What Information/documents are Needed to Apply for Employment Insurance?

- Your Social Insurance Number (SIN).
- A **Record of Employment (ROE)** from each job held over the last 52 weeks. If you do not have your ROE **after 14 days** from the last day for which you were paid, you must submit proof of employment such as pay stubs. We will be able to send your ROE within five (5) days following the last day for which you will be paid.
- **Personal Identification** such as your driver's license, birth certificate or passport if you are applying in person.
- **Your complete bank information**, as shown on your cheque or bank statement (or a voided personalized bank cheque from your current account).
- **The SIN of the other parent** if you are applying for parental benefits.
- **Details regarding your most recent employment:** your total salary before deductions including tips and commissions, your salary for your last week of work (from Sunday to your last day worked), gross amounts received or to be received (maternity top-up allowance, vacation pay, severance pay, pension or pay in lieu of notice) and other monies.