



Maternity, Parental, Adoption Leave and Benefit Election Form

All employees requesting a leave of absence are required to submit this form at least 6 weeks prior to the anticipated start date of their Leave of Absence.

All employee requests for leave(s) of absence must be reviewed by the supervisor/manager and Payroll/Human Resources.

Date of request for leave of absence: _____
Employee name: _____
Job title: _____
Department: _____
Supervisor/Manager: _____
Start date of employment: _____

Employee is Full-time Part-time Dependent contractor Casual employee

I hereby request a leave of absence as follows:

Reason for leave of absence:

- Maternity/pregnancy
 Parental (Parents can take up to 62 weeks of unpaid parental leave. The number of weeks of leave exceeds the Employment Insurance benefit length by one week in recognition of the waiting period. Employees should be aware of this before taking their leave.)
 Adoption

Will you be sharing your parental leave with the other parent? If YES, please indicate the split in the space provided below:

YES, with the following split: _____ No

Anticipated Duration of Leave:

Leave of absence begins: _____

- In Alberta, current legislation states that the leave can start any time within the 13 weeks leading up to the estimated due date and no later than the date of birth.

Estimated Due Date: _____

- Employee's must confirm actual date of delivery with Payroll within 2 weeks after delivery for benefits administration purposes.

Projected Date of Return to Work: _____

- Please note it is the responsibility of the Employee to confirm their return to work date **at least 4 weeks prior to their projected return date noted above.**

of days on leave: _____

Return date from leave of absence: _____

Benefits and entitlements:

The first 6 weeks after delivery are referred to as the “Health Related Portion” of a Maternity Leave. During this time employee’s may continue participation in the benefit and LAPP plans at the current cost share, unless the employee advises in writing below that they do not wish to continue their benefits.

After that time benefits may continue at 100% cost to the Employee. Should an Employee wish to continue their benefits for either portion of their leave, they are required to pre-pay or provide post dated cheques for the premium cost. If you should elect to continue your benefits Payroll will provide you with an estimate of the costs. Please note that any changes to premiums while on leave will be the responsibility of the Employee to pay.

I hereby request that my benefits be continued at their current cost share during the health portion of my maternity leave of absence:

YES No, please discontinue effect date of my leave of absence

If YES, I agree to make arrangement with payroll for the payments of my share of the benefits plan during the leave. Initials _____

I hereby request that my benefits be continued during the remainder of my maternity leave/parental/adoption leave of absence and understand that I am responsible for 100% of the premium costs during this time.

YES No, please discontinue effect date of my leave of absence

If YES, I agree to make arrangement with payroll for the payments of my share of the benefits plan during the leave. Initials _____

Supporting document for leave (attach hereto):

Maternity/pregnancy, parental leave of absences must be supported by a note of a healthcare provider (physician or nurse practitioner) that confirms pregnancy and estimated due date.

Adoption leave (even when taken through parental leave) must be supported by proper documentation from adoption agency and/or the courts.

Will you require and ROE to apply for Employment Insurance (EI) benefits during the leave?

Yes
 No



I understand that any extension of the leave of absence must be requested and approved in writing, and that failure to return to work at the end of an authorized leave will result in termination of employment unless I have a compelling reason, acceptable to the company, for inability to return to work.

When there is a need to extend the leave of absence or require another leave of absence while on the approved leave, the employee must understand that they must first communicate by phone or email with their supervisor/manager/employer to request an extension of the leave. The employee must not assume that the extension to the leave of absence is automatic and must submit a request by email and submit all required documentation to support the extension/new leave as advised by the Employer.

I have reviewed and understand the conditions of my leave of absence request as stated above:

Employee signature

Date: _____

For Payroll Administrative Use:

Explain benefit payment arrangement made with payroll and attach copy of costing provided to Employee:

Date processed: _____

By: _____
