

PREGNANCY/PARENTAL LEAVE REQUEST FORM (Administrative)

To be completed by the employee and forwarded to the supervisor for processing. The supervisor will complete a Staffing Action Form (SAF) and forward the documents to Human Resources, F102, a minimum of **4 months prior** to the beginning of the leave.

MPLOYEE IDE	ENTIFICATION (Plea	ase Print)		
Last Name				
First Name				
Department				
Banner ID				
Extension				
_EAVE APPLIC	ATION			
			/ /	
I am applying for:	Pregnancy Leave 1	o begin on / / and end o	(dd mm yy)	
	Parental Leave t	o begin on/ / and end of (dd mm yy)	on/ /	
	t be made with Human Res sick leave, group insurance		pact that my leave will have or	n my benefits and entitlements, such
		nts are paid for 17 weeks of pregnar ordance with the Employment Stand		egnancy leave may take a further 35
 Supplementa 	ary payments are paid for 3	7 weeks for parental leave (if the pe	rson has not taken pregnancy	leave).
		nt Insurance benefit and the College egin when I provide Human Resourc		
	ve is available to either partis in a relationship of some	ent regardless of gender. "Parent" ir permanence with a child.	ncludes a person with whom a	child is placed for adoption and a
 I will notify m can be plann 		any changes in the start date of my l	leave as soon as possible so t	hat alternate staffing arrangements
		o confirm my expected return to wor form (HRL-003), to ensure that my		prior to that date, by completing the sted in a timely manner.
				/ /
Emp	oloyee Signature			Date (dd mm yy)
				/ /
Sune	ervisor Signature			Date (dd mm vv)