



MATERNITY, PARENTAL, PRE-PLACEMENT ADOPTION LEAVE AND/OR ALLOWANCE APPLICATION

- See reverse for maternity, parental and pre-placement adoption leave and allowance information.
- *Please type or print clearly.*

PART 1 – EMPLOYEE

EMPLOYEE LAST NAME	FIRST NAME	MIDDLE INITIAL	EMPLOYEE ID	DEPT ID
MINISTRY / EMPLOYER NAME		EMPLOYEE CLASSIFICATION		APPOINTMENT STATUS
		<input type="checkbox"/> BCGEU <input type="checkbox"/> SCHEDULE A <input type="checkbox"/> OIC <input type="checkbox"/> MGMT. EXCL. <input type="checkbox"/> NURSES <input type="checkbox"/> OTHER: <input type="checkbox"/> PEA <input type="checkbox"/> SAL. PHYSICIANS	<input type="checkbox"/> REGULAR <input type="checkbox"/> FULL TIME <input type="checkbox"/> AUXILIARY (WITH BENEFITS) <input type="checkbox"/> PART TIME	
EMPLOYEE HOME ADDRESS – <i>Include PO Box No.</i>			CITY	PROVINCE
			POSTAL CODE	HOME PHONE NO. ()

PART 2 – LEAVE OPTION SELECTIONS

<input type="checkbox"/> I wish to apply for maternity leave (includes waiting period) on the following dates	START DATE YYYY / MM / DD	END DATE YYYY / MM / DD
<input type="checkbox"/> I wish to apply for parental leave (includes waiting period if applicable) on the following dates		
<input type="checkbox"/> I wish to apply for pre-placement adoption leave for a total of _____ hours on the following dates		
I work _____ hours per day. My shift schedule is: _____		

PART 3 – ALLOWANCE SELECTION(S)

I wish to apply for the maternity allowance (includes waiting period) to be paid immediately.
 I wish to apply for the parental allowance (includes waiting period as applicable) to be paid immediately.
 I wish to apply for the pre-placement adoption allowance. YYYY / MM / DD
 I wish to defer my decision on the allowance(s) until the following date _____
 I will not be claiming any allowances.

PART 4 – EMPLOYEE CERTIFICATION

- I agree that if I am deemed to have resigned or failed to return to work and remain in the employ of the Employer for at least 6 months, or a period equivalent to the maternity and/or parental and/or pre-placement adoption leave, whichever is greater, I owe the Employer the allowance(s) received and the cost of the benefits continued on my behalf.
- I authorize the full recovery of any amounts owed by me including the costs of recovery where necessary from any source.
- The amount owing is determined in accordance with my collective agreement or terms and conditions of employment and employer policies and procedures.
- I will advise the employer of all other earnings of employment I receive during the period of maternity and/or parental leave.

EMPLOYEE SIGNATURE – *I confirm I have read and am bound by the terms of these leaves and allowances.* DATE SIGNED
YYYY / MM / DD

PART 5 – MINISTRY/EMPLOYER APPROVALS

SUPERVISOR/DESIGNATED AUTHORITY SIGNATURE DATE SIGNED
YYYY / MM / DD

PART 6 – DATA ENTRY

Administer Workforce (maternity and parental leave only)

EFFECTIVE DATE YYYY / MM / DD	ACTION	REASON	EFFECTIVE DATE YYYY / MM / DD	ACTION	REASON	EFFECTIVE DATE YYYY / MM / DD	ACTION	REASON
	LOA			LOA			DTA	RFL
CERTIFIED CORRECT/ ENTERED INTO CHIPS BY								DATE SIGNED YYYY / MM / DD

Compensate Employees – Maintain Payroll Data Canada (maternity and parental leave/allowance only)

EFFECTIVE DATE YYYY / MM / DD	EARNINGS CODE	HOURS	END DATE YYYY / MM / DD	EARNINGS CODE	ALLOWANCE AMOUNT	END DATE YYYY / MM / DD
					\$	
					\$	

Compensate Employees – Payline

FROM YYYY / MM / DD	TO YYYY / MM / DD	CODE	HOURS	ALLOWANCE AMOUNT	DETAILS / COMMENTS
				\$	
				\$	
PAY PERIOD END DATE YYYY / MM / DD	CERTIFIED CORRECT/ENTERED INTO CHIPS BY		DATE ENTERED INTO CHIPS YYYY / MM / DD		

MATERNITY/PARENTAL/PRE-PLACEMENT ADOPTION LEAVE AND ALLOWANCE For Regular and Auxiliary Employees with Benefits

Leave and Allowance Summary Effective December 31, 2000

Benefit	Leave Without Pay	Allowance
Maternity Leave	2 weeks Employment Insurance (EI) benefit waiting period (one benefit waiting period per family unit to be served for each period of Maternity/Parental leave)	85% basic pay
	15 weeks	Difference between EI benefit payments (and any other earnings) and 85% basic pay
Parental Leave	2 week EI benefit waiting period (if not already served in conjunction with related Maternity leave)	85% basic pay
	35 weeks	Difference between EI benefit payments (and any other earnings) and 75% basic pay
Pre-placement Adoption Leave	7 weeks (245) hours per calendar year	85% basic pay

Information on applying

1. To be eligible for Maternity and/or Parental leave supplemental allowance, you must be eligible for and ***in receipt of*** Maternity/Parental EI benefits.
2. If you are intending to take both Maternity and Parental Leaves, apply for both leaves at the same time using this one form.
3. Apply for Maternity Leave and the Maternity Leave Allowance at least ten weeks prior to the expected date of the termination of pregnancy.
4. Apply for Parental Leave and Parental Leave Allowance four weeks prior to the leave commencement date.
5. Apply for Pre-placement Adoption leave, as required, using this form with as much advance notice as possible.
6. Parental Leave may be "split" between both parents, if desired, to a maximum of 35 weeks.
7. Parental Leave must be concluded within the fifty-two week period immediately following the child's birth date or adoption placement.
8. When you receive your Record of Employment from your payroll office contact your local EI office for further information on EI claim procedures.
9. On the EI application form, answer YES to the question "Will you be receiving any Supplemental Unemployment Benefits from your Employer?"
10. When you receive your EI Benefits, please forward your initial benefit statement to your payroll office.
11. One month prior to your leave expiring, provide written notice to your supervisor of your intent to return to work.

Note:

- **You may wish to contact your local Canada Customs and Revenue Agency office to discuss the appropriate income tax deductions during your Leave period or complete an Income Tax Form TD-1 to have additional tax taken at source.**
- **A period of absence without salary does NOT count as pensionable service under the provisions of the Public Service Pension Plan. Please contact the Pension Corporation for further information.**

Freedom of Information and Protection of Privacy Act (FOIPPA) – The personal information requested on this form is collected for the purpose of administering the *Public Service Benefit Plan Act* and is in accordance with the *FOIPPA*. Questions about the use and collection of this information can be directed to the FOI Designate at 250 544-5400, or toll-free at 1 877 277-0772, Telus Sourcing Solutions, Block E, 2261 Keating Cross Road, Saanichton BC V8M 2A5.

The collective agreements and terms and conditions of employment stipulate certain notification and return to work requirements which, if not met, will result in your requirement to repay benefits and/or allowances paid on your behalf. Please refer to the appropriate agreement or terms and conditions of employment.