|  |
| --- |
| **SECTION A – TO BE COMPLETED BY THE EMPLOYEE PRIOR TO COMMENCEMENT OF LEAVE, OR NO LATER THAN 30 DAYS AFTER THE END OF THE LEAVE**Complete this form to indicate whether you would like to receive information on the cost to contribute in respect of maternity, parental, or adoptive leave. The cost for a period of maternity leave will be based on the required employee contributions for the period while you are on leave. The cost for a period of parental or adoptive leave will be based on the required employee contributions for the period while you are on leave, plus an equal matching amount. |
| Maternity Leave From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(excluding Parental Leave) |
| Parental or Adoptive Leave From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I wish to receive information on the cost to contribute for the above leave(s) \_\_\_\_\_\_\_(Yes/No)Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employee Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Insurance Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mailing Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employee’s Signature | Email Address | Date |
| ***This completed form should be given to your Human Resource/Payroll Department*** |
| **SECTION B – TO BE COMPLETED BY THE EMPLOYER** |
| Employee Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bi-weekly Hours Worked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Full-time Bi-weekly Hours for the Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hourly rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Two Week Delay? \_\_\_\_\_\_\_ (Yes/No) |
| Year-to-Date Pensionable Service (to date of leave): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Year-to-Date Pensionable Earnings (to date of leave): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Maternity Leave From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parental or Adoptive Leave From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Payroll Contact Name | Phone# / Email Address | Date |