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| **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 |