



**CIVIL SERVICE SUPERANNUATION BOARD
REQUEST FOR INFORMATION ABOUT CONTRIBUTING FOR
MATERNITY, PARENTAL OR ADOPTIVE LEAVE**

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