Pregnancy/Adoption/Parental Leave Form
Policy 14

Name: 
Department: _____________________________________________________________________________________________________
Ext: ______ Employee ID: ________________

I hereby apply for:  □ pregnancy leave to begin on __________________________ and end on __________________________
                  □ adoption leave to begin on __________________________ and end on __________________________
                  □ parental leave to begin on __________________________ and end on __________________________

Applicant
I understand and agree that:
1. Maximum earnings from the Employment Insurance benefit, the University supplementary payment, and all other sources may
   not exceed 95% of current pay. UW supplementary payments are paid for 17 weeks of pregnancy leave. UW supplementary
   payments for UW employees not taking a pregnancy leave are paid for the first 17 weeks of adoption/parental leave.
2. If both my partner and I work for the University, we may share the 17 week supplementary benefit, provided that we are both in
   receipt of Employment Insurance benefits.
3. University supplementary payments will begin when I provide Human Resources with the statement of income from the
   Employment Insurance office. Any earnings from UW during pregnancy, adoption or parental leaves will reduce the UW
   supplementary benefit accordingly.
4. If I voluntarily resign from the University during the six-month period following my adoption leave or parental leave, I will repay
   the University any supplementary payments that have been made.
5. If I voluntarily resign from the University during a six-month period following my pregnancy leave, I retain the first six weeks of
   UW supplementary payments, but must repay the University the remaining 17 weeks. The first six weeks following the birth are
   considered birth leave for the birth mother.
6. Employee benefit contributions during a period when not receiving supplementary payments must be arranged with
   Human Resources.
7. The University will maintain a position for me until the cessation date of the approved leave.
8. I will notify my department head/manager of any changes in the start/end dates of my leave.

□ Pregnancy leave only:
   Attached is a certificate from my attending physician and/or certified professional midwife (MANA) indicating that the
   expected date of delivery is __________________________. I understand that I must have written permission
   from my physician/midwife if I wish to return to work during the six weeks after the birth of my baby.

Signature of Applicant __________________________ Date __________________________

Department Head/Manager
I will inform Human Resources of any changes in dates for start and/or end dates of these leaves. I will confirm in writing to Human
Resources that the employee has returned to work.

Signature of Department Head/Manager __________________________ Date __________________________

Applicant (if applicable)
I have been offered a pregnancy/adoption/parental leave and hereby DECLINE. I understand that I should contact Human
Resources regarding possible Employment Insurance pregnancy/adoption/parental benefits.

Signature __________________________ Date __________________________

Witness __________________________ Date __________________________

Distribution: Human Resources
Department/Incumbent

HR MARCH 2006 13111