WATERLOO | HUMAN RESOURCES

Pregnancy/Parental Leave Request – Policy 14

☐ New Request   ☐ Change Request

Employee Information

Last Name:		First Name:	
Department:		Employee ID:	

Leave of Absence Information		
Last Day Worked:	**Expected Delivery Date:**	**Expected Return to Work Date:**
Type of Leave:	**From: (mm/dd/yy)**	**To: (mm/dd/yy)**
☐ Pregnancy* Maximum of 17 weeks		
☐ Parental Maximum of 37 weeks, or 35 weeks for birth mother		
* A certificate from the attending physician and/or certified professional midwife must be attached indicating the expected date of delivery.		
Additional details, if applicable:		

Vacation Information – Pre-Leave of Absence	
Paid Vacation Start Date:	**Paid Vacation End Date:**

Vacation Information – Post Leave of Absence	
Paid Vacation Start Date:	**Paid Vacation End Date:**

Employee: *Please sign and date below and provide to your direct manager for approvals. Once all approvals are obtained, please forward to Human Resources.*

Signature:	Date:

My signature indicates that I understand that to maintain benefits coverage and pension participation for the duration of my leave I may be required to make contributions. My signature acknowledges that I if I voluntarily resign from the University during the six-month period following my parental leave, I will repay the University any supplementary payments that have been received.

Approvals

Manager		
Print Name:	**Signature:**	**Date:**

Department Head		
Print Name:	**Signature:**	**Date:**

Distribution: ☐ **Human Resources**   ☐ **Department Head**   ☐ **Office of the Dean**
(if applicable)