

Pregnancy/Maternity/Childbirth/Adoption Leave Request Form

Employee Name:	
Employee Number:	Date of Request:
Employee Start Date:	Department:

	Detail	Expected start date of leave	Expected return from leave date
Pregnancy/Maternity (birth or adoption)	Entitlement varies by province		
Parental	Entitlement varies by province		
Vacation	Vacation time taken in association with childbirth or adoption		

Will you be requesting vacation time adjacent to any of the above leaves? ☐ Yes ☐ No

Preferred vacation dates: _____

Do any statutory holidays fall within the requested vacation dates? ☐ Yes ☐ No

From the following list of benefits, please indicate those you wish to continue during your leave.

Benefit	Continue	Discontinue
Health and Dental Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Group Insurances	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Disability	<input type="checkbox"/>	<input type="checkbox"/>

Do you agree to pre-pay for employee portion of benefits during your leave? ☐ Yes ☐ No

Employee Comments:

Employee Signature:

Date:

**Employee: Please return this form to your supervisor for signature.*

Supervisor Acknowledgment:

Date:

**Supervisor: Please forward this form to Director, Finance and Human Resources to finalize.*