



Renfrew County District School Board- Human Resources Department

Pregnancy/Adoption/Parental Leave Application Form

I wish to apply for: a) __ pregnancy b) __ adoption c) __ parental leave

1. Personal Details

| | | |
|------------------------|-------------|-------------|
| Last Name | First Name | Employee ID |
| Position/Location | | |
| Work phone | Work e-mail | |
| Address while on leave | | |
| Phone | E-mail | |

2. Details of Pregnancy/Adoption/Parental Leave

| |
|---|
| <p>Expected date of childbirth _____ (Please attach the original confirmation of due date obtained from physician)</p> <p>Adoption Expected date of child first coming into care and control of employee _____</p> <p>Leave request for period ____/____/____ to ____/____/____ (D/M/Y) (D/M/Y)</p> <p>SEB Plan: Please refer to your Collective Agreement for details. Remember: Need proof of birth and EI information (containing the waiting period, rate per week) before the Board is able to issue payment.</p> |
|---|

3. Benefits

| |
|---|
| <p>Compulsory: (These are the benefits you must carry as condition of employment. Please refer to your Collective Agreement and your pay statement.)</p> <p>I wish to maintain the compulsory benefits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please be advised that you will be re-enrolled in the compulsory benefits (if not maintained) upon your return unless you have exemptions on file.</p> <p>Optional: (If you choose to cancel the optional benefits for the duration of your leave, you will have to re-apply by providing evidence of insurability.)</p> <p>I wish to maintain the optional benefits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>You will be invoiced by the Board's Accounting Department for the cost of benefits maintained.</p> |
|---|

Applicant Signature _____ Date _____

Please note: For further details please refer to your Collective Agreement.
If you are sending this request electronically, address to H.R. Department at hrdept@renfrew.edu.on.ca.
If you are sending your request by mail/courier, please address to H.R. Department – Leave Request.