

## MATERNITY / PARENTAL LEAVE REQUEST FORM

## **Human Resources**

www.carleton.ca/hr

507 Pigiarvik 1125 Colonel By Drive Ottawa, ON Canada K1S 5B6 Tel: (613)-520-3634 Fax: (613)520-4464 humanresources@carleton.ca

APPLICANT INFORMATION:			
NAME:	EMPLOYEE ID:	DEPARTMENT 1:	FTE:
		DEPARTMENT 2:	FTE:
		DEPARTMENT 3:	FTE
APPLICABLE FORMS TO ATTACH:			
☐ Medical certificate with due date ☐ Registration of birth (second parent) ☐ Certificate of adoption			
ANTICIPATED LEAVE DATES:			
Start date:		End date:	
<b>Please note:</b> For maternity and parental leave, the signatures below represent acknowledgment and not approval. Final confirmation will be issued directly by Human Resources before the start of leave.			
REQUESTED BY:			
APPROVED BY:			
Departn	nent head (print name)	(signature)	(date)
Departmen	t (2) head (print name)	(signature)	(date)
 Departr	ment (3) head (print name)	(signature)	(date)

Please, submit the completed and signed form to Human Resources for processing (<u>humanresources@carleton.ca</u>)

Academics **must** submit a copy of the completed form to the Executive Assistant / Admin. Officer / Faculty Coordinator in your Faculty Dean's Office.

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information, please contact the Director, Transformation and Technology (Human Resources). Carleton University is fully compliant with FIPPA and endeavors at all times to treat your personal information in accordance with this law.