

## MATERNITY / PARENTAL LEAVE REQUEST FORM

## **Human Resources**

www.carleton.ca/hr

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**APPLICANT INFORMATION:** FOR SHARED FTE'S EMPLOYEE ID: FTE: NAME: DEPARTMENT 1: DEPARTMENT 2: FTE: DEPARTMENT 3: FTF: **APPLICABLE FORMS TO ATTACH:** Medical certificate with due date Registration of birth (second parent) Certificate of adoption **ANTICIPATED LEAVE DATES:** End date: Start date: Please note: 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: Department head (print name) (signature) (date) Department (2) head (print name) (signature) (date)

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

(signature)

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

Department (3) head (print name)

TThe 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. If you have any questions about the collection and use of personal information by Carleton University, please contact the Manager, Privacy & Access to Information, by phone at 613-520-2600 ext. 2047 or by e-mail via University\_Privacy\_Office@carleton.ca. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.

(date)