# MATERNITY / PARENTAL LEAVE REQUEST FORM

**APPLICANT INFORMATION:**

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<th>NAME:</th>
<th>EMPLOYEE ID:</th>
<th>DEPARTMENT 1:</th>
<th>DEPARTMENT 2:</th>
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**MATERNITY / PARENTAL LEAVE:**

- [ ] Maternity Leave
- [ ] Parental Leave

**APPLICABLE FORMS TO ATTACH:**

- [ ] Medical certificate with due date
- [ ] Registration of birth (for father)
- [ ] Certificate of adoption

**ANTICIPATED LEAVE DATES:**

Start date: ____________________________

End date: ____________________________

**Please note:** For maternity and parental leave, the signatures below represent acknowledgement and not approval. Final confirmation will be issued directly by Human Resources before the start of leave.

**REQUESTED BY:**

Applicant (print name) ____________________________

(signature) ____________________________

(date) ____________________________

**ACKNOWLEDGED BY:**

Department (1) head (print name) ____________________________

(signature) ____________________________

(date) ____________________________

Department (2) head (print name) ____________________________

(signature) ____________________________

(date) ____________________________

Department (3) head (print name) ____________________________

(signature) ____________________________

(date) ____________________________

**Please submit to Human Resources for processing**

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*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 Executive Assistant, OPVAC, FIPPA Representative, (613)520-3884. Carleton University is fully compliant with FIPPA and endeavors at all times to treat your personal information in accordance with this law.*