



## Application for Pregnancy/Adoption/Parental Leave (Elementary Teachers)

*Please review Article L11.00 - Pregnancy Leave; Article L12.00 - Parental Leave;  
Article L13.00 - Adoption Leave of the current elementary collective agreement.*

Name:	_____	Employee I.D.:	_____
Home Address:	_____	Assignment/Grade:	_____
	_____	FTE:	_____
Postal Code:	_____	Phone:	_____
	_____	School(s):	_____

Leave Requested: (Check) \_\_\_\_\_ Expected Date of Birth: YY  MM  DD

<input type="checkbox"/> Pregnancy →	<div style="border: 1px solid black; padding: 2px;">Up to 17 weeks available to Birth mother</div>	<b>Health Care Provider Note:</b>
		<input type="checkbox"/> Attached <input type="checkbox"/> To Follow*

\*A Health Care Provider note indicating the due date is required before your leave can be processed

**You may be entitled for up to 8 weeks of Supplementary Employment Benefit.  
Details are in your collective agreement.**

**NOTE: EFFECTIVE 2017 DECEMBER 3, NEW E.I. PARENTAL LEAVE OPTION**

<input type="checkbox"/> Parental →	<b>Up to 35 weeks (EI @ 55%) OR up to 61 weeks (EI @ 33%) if taking pregnancy leave. Up to 37 weeks (EI @ 55%) OR up to 63 weeks (EI @ 33%) if not taking pregnancy leave. Available to either parent following the birth of a child or the coming of a child into the custody, care and control of a parent for the first time.</b>	<b>Proof of Adoption:</b>
<input type="checkbox"/> Adoption →		<input type="checkbox"/> Attached <input type="checkbox"/> To Follow

**Total Duration: (Dates must be completed in full)**

**Pregnancy/Parental Leave: PLEASE CHECK ONE**

**Up to 52 weeks** ☐

**OR Up to 78 weeks** ☐

Commencement Date: YY \_\_\_\_\_ MM \_\_\_\_\_ DD \_\_\_\_\_

Termination Date: YY \_\_\_\_\_ MM \_\_\_\_\_ DD \_\_\_\_\_

**TVDSB Extended Parental: Article L12.15**

Commencement Date: YY \_\_\_\_\_ MM \_\_\_\_\_ DD \_\_\_\_\_

Termination Date: YY \_\_\_\_\_ MM \_\_\_\_\_ DD \_\_\_\_\_

**\* Commencement Date is the first day you are off work, Termination Date is the last day you are off work**

**\*\* Please notify [matleaves@tvdsb.ca](mailto:matleaves@tvdsb.ca) ASAP if baby arrives early\*\***

**Note:** Human Resources will mail you documentation concerning the continuation of your LTD benefits.

To file for **Employment Insurance Benefits** call **1-800-206-7218** or access the Service Canada website at [www.servicecanada.gc.ca/eng/lifeevents/baby.shtml](http://www.servicecanada.gc.ca/eng/lifeevents/baby.shtml)

According to the rules and regulations of the Teachers' Pension Plan Board, please complete the form Pregnancy & Parental Leaves that will be sent to you and return the form to the Payroll Department as soon as possible. The Payroll Department submits your Record of Employment electronically to Service Canada.

**Please send completed application to [matleaves@tvdsb.ca](mailto:matleaves@tvdsb.ca)  
If you need to request changes to your leave dates please email [matleaves@tvdsb.ca](mailto:matleaves@tvdsb.ca)**

<b>Approved:</b>  _____ <b>Manager, Human Resources</b> C: School Principal LTD Plan Administrator Staffing/Payroll/Pay Direct	<b>Date of Application:</b> YY _____ MM _____ DD _____  _____ <b>Applicant's Signature</b>
LTO Staffing Specialist	