

MATERNITY AND/OR PARENTAL LEAVE REQUEST FORM



Employee Name: _____

Employee Number: _____ Department: _____

MATERNITY LEAVE: Applicable Not Applicable

Date Leave Commences: _____
Please note: start date of the leave must be a **Saturday**

Date Leave Expires: _____
Up to 16 weeks following commencement of leave
Please note: end date of the leave must be a **Friday**

See "Additional Week Option" for 17th week of leave

I, _____, for and in consideration of applying for Maternity Leave:

- Have completed seven (7) continuous months of employment for or with the government;
- Am requesting Maternity Leave at least four (4) weeks before the day on which I intend to commence my leave;
- Am providing the employing Authority with a certificate from a duly qualified medical practitioner certifying that I am pregnant and specifying the estimated date of delivery;
- Have completed a Return Service Agreement for Maternity Leave

PARENTAL LEAVE: Applicable Not Applicable

Standard Parental Leave (up to 37 weeks)

Extended Parental Leave (up to 63 weeks)

Date Leave Commences: _____
Please note: start date of the leave must be a **Saturday**

Date Leave Expires: _____
Up to 63 weeks following commencement of leave
Please note: end date of the leave must be a **Friday**

I, _____, for and in consideration of applying for Parental Leave:

- Am the natural mother/father of a child or have adopted a child under the laws of the Province of Manitoba;
- Have completed seven (7) continuous months of employment for or with the government;
- Am requesting Parental Leave at least four (4) weeks before the day on which I intend to commence my leave;
- Am commencing my Parental Leave no later than 18 months after the birth, or adoption, or the coming into the care and custody of a child;
- Am commencing my Parental Leave immediately following my Maternity Leave (if applicable);
- If I am not commencing my Parental Leave immediately following my Maternity Leave (if applicable), I have received approval from my Employing Authority.

ADDITIONAL WEEK OPTION FOR MATERNITY LEAVE:

Employees who take Maternity Leave are entitled to an additional week of leave, this week must follow immediately after the conclusion of parental leave, or if parental leave is not taken, immediately following maternity leave.

- I do not wish to take an additional week
- PLAN A only – I choose to use my accrued sick leave for up to 5 days for the additional week (provided I have sufficient hours)
- PLAN B only – I choose to receive 93% of my bi-weekly earnings for the additional week

Date of additional week: _____ to _____
Start Date (Must be a **Saturday**) End Date (Must be a **Friday**)

Notes:

- Please go to <https://www.gov.mb.ca/csc/labour/benefits/maternity.html> for important information including benefits entitlement during Maternity and Parental leaves (i.e. Blue Cross and CSSB)
- For further information on Employment Insurance benefits for Maternity/Parental leaves please consult with Service Canada at: <https://www.canada.ca/en/services/benefits/ei/ei-maternity-parental.html>

Please contact your Pay & Benefits Consultant for questions on how to complete this form.

Signature of Applicant

Date

Departmental Employing Authority Approval:

(Please print name)

Signature of Departmental Employing Authority

Date

*** PLEASE RETURN SIGNED COMPLETED FORM TO
YOUR PAY & BENEFITS CONSULTANT ***