

WORKING WHILE ON PARENTAL LEAVE



Employee Name: _____

Employee Number: _____

Department: _____

Start Date: _____

End Date: _____

I, _____, will be returning;

- ☐ On a regular and recurring schedule as a Part-time Employee.
- ☐ On an intermittent (as if and when) schedule as a Casual Employee.

Signature of Applicant

Date

Employing Authority Approval:

(Please print name)

Signature

Date

*** PLEASE RETURN COMPLETED FORM TO YOUR PAY & BENEFITS OFFICE ***