



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

Please review Article L12.00 - Pregnancy Leave; Article L13.00 - Parental Leave;
Article L14.00 - 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

Pregnancy →

Health Care Provider Note:
 Attached 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

Parental →
 Adoption →

Proof of Adoption:
 Attached 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 L13.15
 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 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

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
If you need to request changes to your leave dates please email matleaves@tvdsb.ca

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