

2.

3.

4.

5. If pregnant, when is your baby due?

## PREGNANCY / PARENTAL LEAVE WORKSHOP

## **PREPARATION SHEET** (For your personal use only.)

To complete this form, please go to the Thames Valley District School Board's website (www.tvdsb.on.ca). Under the heading Employees, find the Employee Portal and login.

| ١. | Under the section called Personal Information, click on "View My Vacation/Sick Leave Days" |
|----|--|
|    | How much sick leave do you have?   |

| Туре  | Days Allocated   | Days l                                   | Jsed                        | Days Available             |  |  |
|---|--|--|-----------------------------|----------------------------|--|--|
| Sick Leave Current Year   |  |  |                             |                            |  |  |
| Short Term Disability   |  |  |                             |                            |  |  |
| Sick Leave Top Up   |  |  |                             |                            |  |  |
| Return to Personal Information, clic What is your seniority rank?           | <del>-</del>   | ty List" and then                        | click on "Sorted            | I by Name"                 |  |  |
| Return to Personal Information, clie  | ck on "View My Pay His                                   | tory"                                    |                             |                            |  |  |
| Use the down arrow to choose your monote the column for "This Pay". Thes    | ost recent pay period. Cli<br>e figures represent your l | ck "submit" and th<br>bi-weekly deductio | en print out a copy<br>ons. | y of your paycheck. Please |  |  |
| What do you pay in a bi-weekly pay for                                      | or the following:  |  |                             |                            |  |  |
| \$ Long Term Disability   |  |  |                             |                            |  |  |
| \$ TPP (Te  | eachers' Pension Plan)                                   |  |                             |                            |  |  |
| What is your gross bi-weekly pay?   | \$   |  |                             |                            |  |  |
| What is your annual salary?   | \$   |  |                             |                            |  |  |
| What is your grid placement?  |  |  |                             |                            |  |  |
| Go to otip.com Member Login to de   | etermine what benefits                                   | you have.                                |                             |                            |  |  |
| What benefits coverage do you have  | ?  |  |                             |                            |  |  |
| Health Insurance  | None   | Single                                   | ☐ Family                    |                            |  |  |
| Dental Insurance  | None   | Single                                   | Family                      |                            |  |  |
| Dependents  |  |  |                             |                            |  |  |
| Do you have coordination of benefits  | ☐ Yes  | ☐ No                                     |                             |                            |  |  |
| What coverage do you want to have   | None   | ☐ Single                                 | ☐ Family                    |                            |  |  |
| What coverage do you want to have a   | None   | ☐ Single                                 | ☐ Family                    |                            |  |  |
| Do you have voluntary payments for 0 (additional coverage for you, your spo | Yes  | ☐ No                                     |                             |                            |  |  |
| What is the amount you pay for this c                                       | overage? \$  |  |                             |                            |  |  |

If adopting, when will the child(ren) come into your care and custody?