



Maternity / Parental / Adoption Leave Form

Human Resources Department

Basic Employee Information *(Please complete all fields in this section).*

First Name: _____ Last Name: _____

Employee ID Number: _____

Department: _____

Supervisor (First & Last Name): _____

Title of Supervisor (select one): Manager Chair Dean Other: _____

Leave Information *(Please complete all fields in this section).*

Type of Leave (select one): Maternity Leave (birthing parent) Parental Leave Adoption Leave

Start Date of Leave: _____

Return to Work Date (Tentative): _____

Please note: Vacation time taken before or after your leave must be approved by your Manager/Chair/Dean. Please do not report vacation time as a part of your Maternity/Parental/Adoption Leave.

Supplementary Unemployment Benefit (SUB) Plan

(The SUB Plan is a top-up of EI payments you receive, up to 95% of your pay for the first 17 weeks of your leave. This will be prorated if you have less than 1 year of service at MRU. For more information, please review the resources on the Benefits & Pension webpage under "Maternity and Parental Leave".)

Casuals, Temporary, and Contract appointments are not eligible for the SUB Plan. Leave this section blank if you fall within this position type.

I, _____, formally request to opt into the SUB Plan with MRU.

I, _____, do not wish to opt into the SUB Plan with MRU.

Please note: If you opt into the SUB Plan you are required to provide proof of EI receipt to Payroll. You must email payroll@mtroyal.ca a copy of your EI slip as soon as possible to ensure you receive your SUB Plan payments in a timely manner.

Employee Signature

I hereby certify that, to the best of my knowledge, the information I have provided above is accurate.

Signature: _____ Date: _____

Please email your completed & signed form to benefits@mtroyal.ca.

Internal HR Office Use Only

Form Received by: _____ Date: _____

Actions:

EIS (Completed by: _____ Date: _____)

Leave Letter (Completed by: _____ Date: _____)

Recorded in Banner (Completed by: _____ Date: _____)

HRBP* Informed (Completed by: _____ Date: _____)

*HRBP: _____