



Maternity and/or Parental Leave Application Form

Employee Name:

Employee ID#:

Record #:

Maternity Leave must commence on a Saturday prior to but not later than your expected due date.

Parental Leave must commence on a Saturday following the actual care and custody of the child.

Leave Start Date:

Leave Type	Number of Weeks Requested
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Maternity leave with allowance:

Maternity leave without pay:

Parental leave with allowance:

Parental leave without pay:

1. What type of parental leave are you requesting:

Standard parental leave

Extended parental leave

N/A – Not requesting parental leave

2. Are you sharing parental leave?

Yes, proceed to question 3

No, proceed to question 5

3. Who will satisfy Service Canada's one week waiting period?

I will satisfy the waiting period

Other parent will satisfy the waiting period

4. Are you sharing parental leave with a GNWT/WSCC employee?

Yes

No

If yes, other parent name:

Number of weeks other parent is taking:

5. Please submit one of the following supporting documents with your request:

Doctor's note with expected
due date

Child's birth certificate

Letter from Health
Services/Lawyer/ Adoption
Agency detailing adoption

6. You are required to inform your supervisor of your request for maternity/parental leave. Please indicate how you have informed your supervisor of this request:

Supervisor copied on
transmission of this form

Separate email to supervisor
(copy attached)

Doctors/Physicians Only - Copy
Physician Contract Specialist

7. Additional information:

Email completed form to BenefitsTEBS@gov.nt.ca. You can anticipate to receive a response to your email within ten business days of our receipt.