



**Notification of Maternity/Parental/Adoption/Primary Caregiver Leave**

This form should be completed and submitted to your administrative officer. For a maternity leave, this form should preferably be submitted **no later than three months prior** to the expected date of the commencement of the leave, along with a doctor's or midwife's certificate confirming the expected date of birth. If you require assistance, please call the Human Resources Office at 416-585-4574

Please write "Not Applicable" for the items below that do not apply to your type of leave.

Name of Employee	
Personnel Number	
Employee Group	
Department	
Position	
Expected Date of Delivery	

**\*All leaves must begin on a Monday and end on a Friday / Sunday for Employment Insurance purposes.**

	Number of Weeks	Start Date	End Date
E.I Waiting Period	1 week		
Length of Paid Maternity Leave			
Length of Unpaid Maternity Leave (if ineligible for paid leave)			
Length of Paid Adoption Leave (faculty only)			
Length of Paid Primary Caregiver Leave/Adoption Leave (staff only)			
Length of Paid Parental Leave (faculty and USW Local 1998 only)			
Length of Unpaid Parental Leave			
Parental Transition Week (*if applicable)	1 week		
Will you be serving the waiting period before E.I. benefits can be paid?		Yes	No

Date of expected commencement <b>Must begin on a Monday for Employment Insurance purposes</b>	
Date of expected return to work	

**Should any of the above terms of my leave change, I will notify Human Resources (416-585-4574 or vic.hr@utoronto.ca) immediately.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of immediate supervisor)