A. EMPLOYEE DETAILS

Employee ID	Legal Name	Employment Type
		☐ Permanent ☐ Temporary

Directions for Use

- Use this form to provide notification of your intent to go on a maternity and/or parental leave.
- This form should be completed and submitted to HRComp.Ben@ufv.ca at least four weeks before the start of the leave.
- Once received, a member of the Compensation and Benefits Team will schedule a meeting with you to review the details of this form and answer any questions.
- If this is the first time you are submitting this form, please select 'New Request'. If you have already submitted a 'New Request' to HR and need to update the form, please select 'Change Request'.

B. DETAILS OF REQUEST

Request Type

☐ New Request		☐ Change Request	
Maternity Leave	Standard ☐	Extended ☐	N/A ☐
Parental Leave	Standard ☐	Extended ☐	N/A ☐

Start date	End Date

Tentative Due Date

C. ADDITIONAL LEAVE DETAILS – PERMANENT EMPLOYEES ONLY

Will you be sharing your leave with your partner?	Yes ☐	No ☐	N/A ☐
Have you discussed the use of your vacation, in conjunction with your leave, with your supervisor?	Yes ☐	No ☐	N/A ☐
Would you like to buy back your pensionable service from your leave?			

D. EMPLOYMENT INSURANCE BENEFIT STATEMENT ACKNOWLEDGEMENT

I acknowledge that in order to qualify for UFV's Supplementary Employment Benefit (SEB) and receive payment, I must provide my first statement of Employment Insurance (EI) benefits to HRComp.Ben@ufv.ca and Payroll@ufv.ca. Payment of SEB may be delayed until receipt of the EI benefit statement.

E. APPROVALS	Name	Signature	Date
Employee			
Supervisor			
Human Resources			