

MATERNITY/PARENTAL/ADOPTIVE LEAVE APPLICATION

Employees must be employed by Frontier School Division for seven (7) consecutive months prior to the effective date of the leave to be eligible.

EMPLOYEE INFORMATION				
LAST NAME FIRST NAME MIDDLE INITIAL				
LAOT NAME		THOT NAME		MIDDEE INTIAL
SCHOOL/LOCATION				
POSITION				
LEAVE OPTIONS				
The employee shall provide confirmation from Service Canada with respect to the El benefit amount, including effective dates, in order for the Division to calculate and process top-up benefits.				
Please complete the applicable section(s):		START DA MM/DD/Y		END DATE / LAST DAY OF LEAVE
		IVIIVI/DD/ I	1	MM/DD/YY
MATERNITY/PARENTAL LEAVE				
(up to 17 weeks maternity leave and 63 weeks parental leave,				
including waiting period)				
Support Staff only – please indicate your Plan option: Plan A (No Top-Up) ☐ Plan B (Top-Up) ☐				
Employees applying for Plan B agree to return to work for at least six (6) months following the maternity/parental leave.				
If the employee fails to return to work, the gross pay received from the Division as a top-up shall be repaid in full.				
PARENTAL LEAVE ONLY				
(up to 63 weeks, including waiting				
ADOPTIVE LEAVE ONLY				
(up to 63 weeks, including waiting period)				
For more information regarding these leaves, please refer to the Frontier School Division website:				
Support Staff - See Division Policy E.3.A – Maternity Leave and/or E.3.B – Parental-Adoption Leave				
Teaching Staff - See Collective Agreement between Manitoba School Boards Association and Manitoba Teachers' Society				
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This form cannot be processed without the following signatures				
EMPLOYEE SIGNATURE:			DATE:	
PRINCIPAL/SUPERVISOR		DATE:		
SIGNATURE:				
SUPERINTENDENT				
SIGNATURE:			DATE:	

Area Office/Superintendent – Please submit completed form, no less than four (4) weeks prior to the start of the leave, along with a medical certificate indicating estimated due date to the Human Resources Department Fax – 204-258-2068