Maternity/Parental Leave Form

TUFA - 12 Month Option

TRENT UNIVERSITY
Department of Human Resources

Name: Telephone #:

Home Address:

Department:

Name and Address of Attending Physician:

(attach medical Certificate):

From: To:

Maternity Leave Sub-Plan (16 wks)

Parental Leave Sub-Plan (11 wks)

Parental Leave (25 wks)

Date of Last Day Worked (before leave)

Date of Return to Work (after leave)

The Board shall provide to a member on any of the above noted leaves, life insurance, medical, dental, and other usual benefits, excluding pension. The Board shall pay both its contributions and the member's contributions, as though the member were receiving non-leave salary as defined under V.6.3.3 of the Collective Agreement between The Board of Governors on behalf of Trent University and The Trent University Faculty Association.

…… ……..

Date Signature of Applicant

…… ……..

Date Supervisor's Signature

PLEASE READ THE FOLLOWING CAREFULLY

The following is to be completed by applicants for maternity/parental leave sub plans only:
In accepting payment from Trent University under the Maternity/Parental Leave SUB Plans, I the undersigned agree to all the terms and conditions of the Plan. If I should fail to return to work at Trent University on the date stipulated on this form and/or if I should fail to return to work for a period equal to the length of the paid leave, I agree to return to Trent University all the money paid to me by the University during my maternity/parental leave.

…… ……..

Date Signature of Applicant