

TRENT UNIVERSITY
Department of Human Resources

**MATERNITY/PARENTAL LEAVE SUB PLANS AND PREGNANCY/PARENTAL LEAVE
APPLICATION FORM**

NAME:		TELEPHONE #:
HOME ADDRESS:		
DEPT/COLLEGE:		
NAME AND ADDRESS OF ATTENDING PHYSICIAN: (attach medical certificate)		

APPLICATION FOR:

	From:	To:
MATERNITY LEAVE SUB PLAN		
PARENTAL LEAVE SUB PLAN		
PREGNANCY LEAVE		
PARENTAL LEAVE		
UNPAID LEAVE		

Date of Last Day Worked (before leave): _____

Date of Return to Work (after leave): _____

Do you wish to continue with contributions to the Trent University Pension Plan during your maternity/parental leave: YES () NO ()

.....
Date

.....
Signature of Applicant

.....
Date

.....
Supervisor's Signature

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