

OPSEU/EXEMPT

Name:

Telephone #:

Home Address:

Department:

Name and Address of Attending Physician:

(attach medical Certificate):

From:

To:

Parental Leave Sub-Plan (Up to 10 wks)

Unpaid Parental Leave (Up to 61 wks)

Date of Last Day Worked (before leave)

Date of Return to Work (after leave)

Is your Spouse taking the 12 or 18 month

Maternity Leave Option?

12 month

18 month

Do you wish to continue with contributions to the Trent University Pension Plan during your maternity/parental leave:

YES

NO

If Yes, please choose one option:

Total contributions for the 52 weeks of leave deducted over the 27 weeks of top-up payments.(I will receive pension service for 1.0 year)

Normal contributions during the 27 weeks of top-up only. (I will receive pension service for those 27 weeks only)

Date

Signature of Applicant

Date

Supervisor's Signature

PLEASE READ THE FOLLOWING CAREFULLY

The following is to be completed by applicants for 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

PLEASE NOTE:

- The non-birthing parent is eligible to receive up to 11 weeks of parental leave sub-plan top-up payments (12 weeks if your spouse did not receive Employment Insurance and you have to serve the 1-week waiting period).
•The percentage of top-up you will receive (either 78% or 95%) is dependent on whether your spouse has elected to receive standard maternity leave/parental leave benefits or extended maternity leave/parental leave benefits from Employment Insurance (EI).