

Request for Pregnancy/Parental Leave (Non-Teaching)

Human Resource Services

Fax: (902) 464-2316

SECTION 1 (To be completed by the employee)

Name of Employee: _____ Employee #: _____

School/Site: _____ Fax #: _____

Position: _____

Status: Permanent/Probationary Term

Phone (Work): _____ Phone (Home): _____

Email Address: _____

Home Address: _____

Pregnancy Leave:

Expected Due Date: _____ *(Doctor's note is required specifying the expected date of delivery)*

Do you wish to start your leave the day your baby is born? Yes No

If no, specify start date: _____

Do you wish to take the full 17 weeks available? Yes No

If no, specify end date: _____

Parental Leave:

From: _____ To: _____ Return to Work Date: _____

Applicant Signature: _____ Date: _____

SECTION 2 (To be completed by the Principal/Supervisor)

Substitute Required: Yes No

Additional Comments: _____

Principal/Supervisor Signature: _____ Date: _____

SECTION 3 (For HR Use Only)

Approved? Yes No Granted with Pay? Yes No Substitute? Yes No

HR Signature: _____ Date: _____