



REQUEST FOR LEAVE OF ABSENCE

PLEASE COMPLETE AND FORWARD TO
HUMAN RESOURCES SERVICES

Please send the completed Request for Leave of Absence to your [HR Representative](#).

	Legal First Name	Legal Last Name	Employee ID Number	Date of Employment
B	Position	Department	McMaster Email	Last Day Worked
C	I REQUEST A LEAVE OF ABSENCE FROM _____ TO _____ INCLUSIVE. REASON FOR LEAVE:			
D	EMPLOYEE'S SIGNATURE:			DATE:
E	IN CASE OF PREGNANCY/PARENTAL LEAVE FOR A CONTINUING EMPLOYEE: It is my intention to return to work in my department at the end of my pregnancy/parental leave. EMPLOYEE'S INITIALS: _____			
F	IN CASE OF PREGNANCY/PARENTAL LEAVE FOR AN EMPLOYEE IN A LIMITED TERM APPOINTMENT: Appointment end date: _____ I understand that if I qualify for benefits under the Supplemental Unemployment Benefit (SUB) plan, my entitlement to those benefits will cease on the end date of my appointment, unless the appointment is extended. EMPLOYEE'S INITIALS: _____			
NOTE:				
<ul style="list-style-type: none"> • A Record of Employment (ROE) is required if you wish to apply for Employment Insurance Benefits. • An ROE will be issued electronically to Service Canada after you receive your last regular pay deposit. • Please contact your Human Resources Representative, should you require a hard copy. • For leaves of absence less than one month in duration, unless otherwise indicated, it is assumed your benefit and pension plan coverage will continue and the applicable premiums will be deducted on your first pay deposit upon your return to work. • For Employment Insurance purposes, we recommend that you start your Pregnancy/Parental Leave on a Sunday and end it on a Saturday. • For more information and resources, please visit: <ul style="list-style-type: none"> ○ McMaster University Human Resources Service - Statutory Leave of Absence ○ Canada.ca – Employment Insurance Benefits 				
Please note that in the case of a pregnancy leave request, either section “E” or “F” above <i>must</i> be completed by the employee.				
APPROVED BY:				
1.	DEPARTMENT HEAD AND/OR DESIGNATE:			DATE: _____
	_____ <small>Please Print Name and initial here</small>			
cc: Dean's Office for all Faculty Leaves only cc: Provost's Office for all Faculty Leaves only cc: Faculty Relations Office – FHS for all Faculty Leaves only				

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