Notification of Maternity / Parental / Adoption Leave Form for CUPE 3902 & CUPE 3907

This form should be completed and submitted to your department **no later than 2 weeks prior** to the expected date of the commencement of the leave.

It is very important to refer to the appropriate collective agreement when completing this form, as each bargaining unit may have different provisions for these leaves. If you require assistance, please call the Family Care Office at 416.978.0951.

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**Employee Information**

<table>
<thead>
<tr>
<th>Personnel Number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Name</td>
<td></td>
</tr>
</tbody>
</table>

**CUPE 3902:**  Unit 1 ☐  Unit 3 ☐  Unit 5 ☐  **CUPE 3907:**

<table>
<thead>
<tr>
<th>Department:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy Notification Date (dd/mm/yyyy)</td>
<td></td>
</tr>
<tr>
<td>Expected Date of Delivery (dd/mm/yyyy)</td>
<td></td>
</tr>
<tr>
<td>Current Contract End Date:</td>
<td></td>
</tr>
</tbody>
</table>

**Future Signed Contract:**  Yes ☐  Not Applicable ☐

If yes, please fill out the Start/End date below

| Start Date (dd/mm/yyyy) |  |
| End Date (dd/mm/yyyy) |  |

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**Option A: CUPE 3902 Unit 1, Unit 3 and CUPE 3907** (Not Applicable for CUPE 3902 Unit 5)

<table>
<thead>
<tr>
<th>Length of Paid Leave (# of weeks)</th>
<th>Start Date (dd/mm/yyyy)</th>
<th>End Date (dd/mm/yyyy)</th>
</tr>
</thead>
</table>

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Last updated: December 2017
Central Payroll Services - Division of Human Resources & Equity
**Option B: CUPE 3902 Unit 1, 3, 5 and CUPE 3907**

<table>
<thead>
<tr>
<th>Type of Leave</th>
<th>Expected Length of Leave (# of weeks)</th>
<th>Start Date (dd/mm/yyyy)</th>
<th>End Date (dd/mm/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Paid Maternity Leave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of Unpaid Maternity Leave (if ineligible for paid leave)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of Paid Parental Leave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of Unpaid Parental Leave</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Will you be serving the week waiting period before EI benefits can be paid?**

- Yes [ ]
- No [ ]

**Date of expected commencement of leave**

**Date of expected return to work**

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**Should any of the above terms of my leave change, I will notify my Supervisor/Chair immediately. If audited by the University, I agree to provide supporting documentation confirming I have applied for and I am receiving Employment Insurance benefits and the amount of those benefits.**

<table>
<thead>
<tr>
<th>Signatures</th>
<th>Date Signed (dd/mm/yyyy)</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immediate Supervisor / Chair</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Privacy Statement**

The University of Toronto respects your privacy and is committed to protecting confidentiality through the application of secure practices. The University will protect all personal information in accordance with applicable privacy legislation. Personal information that you provide to the University is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of human resources administration and related activities, e.g. recruitment, selection and hiring and payroll and benefits administration. If you have questions, please refer to [www.utoronto.ca/privacy](http://www.utoronto.ca/privacy)
Form Instructions

Complete the form and ensure it is submitted to your Business Officer after you obtain the appropriate signature.

**Option A:** The term “Paid” leave refers to regular monthly installments.

**Option B:** The term ‘Paid’ leave is a combination of Employment Insurance (EI) and a top-up amount from the University. The term “Unpaid’ leave is when one is only receiving EI benefits, if eligible.
All leaves should begin on a Monday and end on a Sunday for Employment Insurance purposes.

Note: Effective May 2017, some employee groups’ collective agreement stipulates a one week EI waiting period as per EI regulations (refer to the appropriate collective agreement).

Form instructions for Employees

The first EI statement is required in order for Central Payroll Services to process your supplemental benefits (top up payment); you may send to your department payroll contact or email it to: payroll.hr@utoronto.ca

Record of Employment (ROE)

After an employee’s last day of work a Record of Employment will be processed and filed electronically with Service Canada upon department request. Please note that a paper ROE is no longer required.

Once the ROE has been submitted electronically, it can then be viewed by the employee online at any time by accessing the **My Service Canada Account** online service. To access this service, you will need to register for it; to register, you will need an **access code** which you can obtain by following the instructions provided by **Service Canada**.

- My Service Canada Account website

- My Service Canada Access Code website

- Service Canada – Record of Employment website

**Please note:** An ROE will be required if you are applying for EI.
Form instructions for the Business Officer / HR Officer

Option A: CUPE 3902 Unit 1 and 3; and CUPE 3907 (Not Applicable for CUPE 3902 Unit 5)

- Department processes this leave request and does not need to contact Payroll except for a ROE request. The department should change the end date of the employee’s payments in HRIS to reflect that the employee will receive whatever length of installment to which the employee is entitled.

Option B: CUPE 3902 Unit 1, 3, 5; and CUPE 3907

- Department to review and validate the form information prior to submission to Payroll;

- Submit the following documents along with the form prior to payroll cut-off date each month –
  - Employee’s current and future signed contracts in CUPE 3902 / 3907
  - Doctor’s note maybe requested
  - Employee’s EI statement, if received.

Should any of the leave dates change, the Divisional/Departmental Office must notify Central Payroll Services immediately.

If you have questions regarding the policies covered by this form please contact the Family Care Office at 416.978.0951.