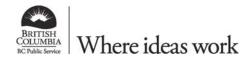


## MATERNITY, PARENTAL, PRE-PLACEMENT ADOPTION LEAVE AND/OR ALLOWANCE APPLICATION

## **INSTRUCTIONS:**

- Read the sections on maternity, parental and pre-placement adoption leaves and allowances on MyHR at http://www2.gov.bc.ca/myhr. If you have any
  questions, please submit an AskMyHR Service Request (select Myself or My Team/Organization > Leave & Time Off > Maternity, Parental, Adoption) or
  call 1-877-277-0772.
- 2. Complete Parts 1 to 5 and have your supervisor complete Part 6.
- 3. Scan and submit the completed form and any required documentation (e.g., doctor's note) as an AskMyHR Service Request (select Myself or My Team/ Organization > Leave & Time Off > Maternity, Parental, Adoption). Keep a copy for your records.
- 4. The combined length of leaves for Maternity, Parental, Pre-Adoption and extended childcare leave must not exceed 18 months.
- 5. IMPORTANT: If your baby is born before the date indicated on your application form, notify your employer immediately as your maternity leave **must** commence on the date that your baby is born. If you are only taking parental leave, you cannot start parental leave until after your baby is born.

PART 1 – EMPLOYEE INFORMATION						
LEGAL NAME FIRST NAME, MIDDLE INITIAL, LAST NAME						
MINISTRY / EMPLOYER NAME	EMPLOYEE ID	DEPARTMENT ID				
MINISTRY / EMP EOTER WAME		-				
EMPLOYEE CLASSIFICATION	APPOINTMENT STATUS					
BCGEU NURSES MANAGEMENT EXCLUDED OIC	REGULAR	FULL-TIME				
PEA SCHEDULE A SALARIED PHYSICIAN OTHER:	ELIGIBLE AUXILIARY	PART-TIME				
HOME ADDRESS CITY, PROVINCE	POSTAL CODE PH	ONE Number (E.G. 250-123-4567)				
PART 2 – LEAVE SELECTIONS						
PART 2 - LEAVE SELECTIONS	START DATE (YYYY/MM/DD	e) END DATE (YYYY/MM/DD)				
	START DATE (TTTT/MINI/DL	) LND DATE (TTTT/MINI/DD)				
I wish to apply for maternity leave (includes waiting period) on the following dates:						
☐ I wish to apply for the standard 35 weeks parental leave (includes waiting period, if applicable) on the						
following dates:						
☐ I wish to apply for the extended 61 weeks parental leave (includes waiting period if applicable) on the						
following dates: First 35 weeks:						
Please enter the child's date of birth here if						
you are applying only for parental leave (YYYY/MM/DD) Extended Parental Leave:						
☐ I wish to apply for pre-placement adoption leave for a total of hours on the following dates:						
PART 3 – ALLOWANCE SELECTION(S)						
☐ I wish to apply for the maternity allowance (including the waiting period), to start immediately.						
I wish to apply for standard parental leave allowance (includes waiting period, if applicable) to be paid within the standard parental leave period (35 weeks).						
Usish to apply for the extended parental leave allowance (includes waiting period, if applicable) to be paid on a pro-rata basis throughout the extended parental leave period (maximum 61 weeks).						
Note: when making your choice for parental leave allowance, your selection will be deemed irrevocable once the pa	rental leave period has star	ted.				
If you have chosen the parental allowance, will it be shared with your spouse who is also an employee of the BC Pul	olic Service? Y: N: N					
If yes, please complete Part 4 – Spouse Information.						
☐ I will be claiming parental allowance for the following dates:	START DATE (YYYY/MM/DD)	END DATE (YYYY/MM/DD)				
☐ I wish to apply for pre-placement adoption allowance.		End Sine ( I I/WW/00)				
☐ I wish to defer my decision on claiming the allowance(s) until the following date: (YYYY/MM/DD)						
☐ I will not be claiming any allowances.						



**PART 4 - SPOUSE INFORMATION** 

## MATERNITY, PARENTAL, PRE-PLACEMENT ADOPTION LEAVE AND/OR ALLOWANCE APPLICATION

	<b>LEGAL NAME</b> FIRST NAME, MIDDLE INITIAL, LAST NAME							
MINISTRY / EMPLOYER NAME		EMPLOYEE ID		DEPARTMENT ID				
PART 5 – EMPLOYEE CERTIFICATION								
<ul><li>2.</li><li>3.</li><li>4.</li></ul>	<ol> <li>I understand that if I waive, defer or am not eligible for the maternity/parental allowance, any optional life insurance plans will be considered waived unless I pay the premiums to maintain coverage. This includes any portion of the leave periods over a calendar month that I am not in receipt of the allowance. If I do not pay to maintain coverage, and I wish to re-enrol, I will need to re-qualify and provide evidence of insurability if required.</li> <li>I understand that if my baby is born prior to the start date of my maternity leave, I must notify my employer immediately of the birthdate so my leave dates can be adjusted. I understand also that once I commence my maternity or parental leave, I cannot revise the start date.</li> <li>In the case where my spouse is also an employee of the BC Public Service, I authorize the employer to share information relating to my leave and allowance selections with my spouse for the purpose of determining the appropriate allowance I am eligible for.</li> <li>I agree that if I am deemed to have resigned or failed to return to work and remain in the employ of the Employer for at least 6 months, or a period equivalent to the maternity and/or parental and/or pre-placement adoption leave, whichever is greater, I must repay the Employer for the allowance(s) I received. I understand that any required repayment is determined in accordance with my collective agreement or terms and conditions of employment and employer policies and procedures.</li> </ol>							
5.	. I authorize the full recovery of any amounts owed by me, including the costs of recovery, where necessary from any source.							
6.	. I will advise the employer of all other earnings of employment I receive during the period of maternity and/or parental leave.							
7.	I understand that if I am taking parental leave, the weeks must be taken consecutively. I cannot stop and start my leave.							
EMF	LOYEE SIGNATURE – I HAVE READ AND AGREE TO BE BOUND BY THE	TERMS OF THESE LEAVES AND ALLOWANCES.	ATE SIGNED (YYYY/MM	I/DD)				
D.	DART C MINISTRY/FMRI OVER ADDROVAL							
PART 6 – MINISTRY/EMPLOYER APPROVAL								
SUPERVISOR/DESIGNATED AUTHORITY NAME SIGNATURE		SIGNATURE D.	ATE SIGNED (YYYY/MM/	DD)				

## Freedom of Information and Protection of Privacy Act (FOIPPA)

This information is collected by the British Columbia Public Service under s. 26(c) of FOIPPA for the purpose of administering this leave and allowance benefit. Any questions about the collection and the use of this information can be directed in writing to the Manager, Benefit Design and Programs, BC Public Service Agency, 9404 Stn Prov Govt, Victoria BC, V8W 9V1.