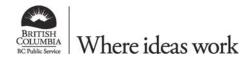


MATERNITY, PARENTAL, PRE-PLACEMENT ADOPTION LEAVE AND/OR ALLOWANCE APPLICATION

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.
- Scan and submit the completed form and any required documentation (e.g., doctor's note; copy of child's birth certificate).
 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 I								
LEGAL NAME FIRST NAME, MIDI	DLE INITIAL, LAST NAME							
MINISTRY / EMPLOYER NAME			EMPLOYEE ID	DEPARTMENT ID				
MINISTRY / EMPLOTER NAME				-				
EMPLOYEE CLASSIFICATION			APPOINTMENT STATUS					
BCGEU NURSES	MANAGEMENT EXCLUDED	REGULAR FULL-TIME						
PEA SCHEDU	JLE A SALARIED PHYSICIAN	ELIGIBLE AUXILIARY PART-TIME						
HOME ADDRESS		POSTAL CODE PHONE Number (E.G. 250-123-4567)						
PART 2 – LEAVE SELEC	TIONS							
PARI 2 - LEAVE SELEC	TIONS		START DATE (YYYY/MM/DD)	END DATE (YYYY/MM/DD)				
			SIARI DATE (TTTT/MIM/DD)	END DATE (FFFF/MIM/DD)				
☐ I wish to apply for mater	nity leave (includes waiting period) on t	the following dates:						
☐ I wish to apply for the sta	andard 35 weeks parental leave (include	es waiting period, if applicable) on the						
following dates:								
☐ I wish to apply for the ex	tended 61 weeks parental leave (includ	les waiting period if applicable) on the						
following dates:								
Please enter the child's da	te of birth here if	5						
you are applying only for p								
I wish to apply for pre-pla	acement adoption leave for a total of	hours on the following dates:						
PART 3 – ALLOWANCE	SELECTION(S)							
☐ I wish to apply for the mate	ernity allowance (including the waiting pe	eriod), to start immediately.						
☐ I wish to apply for standard	parental leave allowance (includes waitir	ng period, if applicable) to be paid within the sta	ndard parental leave period	(35 weeks).				
U wish to apply for the exter	nded parental leave allowance (includes y	waiting period, if applicable) to be paid on a pro-	rata hasis throughout the ex	rtended narental leave				
period (maximum 61 week		waiting period, if applicable, to be paid on a pro-	rata basis tirroughout the ex	tterided parental leave				
Note: when making your c	hoice for parental leave allowance, your s	election will be deemed irrevocable once the pa	rental leave period has start	ed.				
If you have chosen the pa	rental allowance, will it be shared with yo	our spouse who is also an employee of the BC Pub	olic Service? Y: N: N					
	rt 4 – Spouse Information.	, , ,						
I will be claiming parental a	allowance for the following dates:		START DATE (YYYY/MM/DD)	END DATE (YYYY/MM/DD)				
☐ I wish to apply for pre-plac	ement adoption allowance.							
☐ I wish to defer my decision	on claiming the allowance(s) until the foll	lowing date: (YYYY/MM/DD)						
I will not be claiming any a	lowances.							



PART 4 - SPOUSE INFORMATION

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

	LEGAL NAME FIRST NAME, MIDDLE INITIAL, LAST NAME								
MINISTRY / EMPLOYER NAME			EMPLOYEE ID DEPA			ARTMENT ID			
							-		
-	ADT C FAIDLOVER CEDTIFICATION								
P	ART 5 – EMPLOYEE CERTIFICATION								
	 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. 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. 								
3.	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.								
4.	I. 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.								
5.	. I authorize the full recovery of any amounts owed by me, including the costs of recovery, where necessary from any source.								
6.									
7.	7. I understand that if I am taking parental leave, the weeks must be taken consecutively. I cannot stop and start my leave.								
EMPLOYEE SIGNATURE – I HAVE READ AND AGREE TO BE BOUND BY THE TERMS OF THESE LEAVES AND ALLOWANCES.		DATE SIGNED (YYYY/MM/DD)							
PART 6 – MINISTRY/EMPLOYER APPROVAL									
SUPERVISOR/DESIGNATED AUTHORITY NAME		SIGNATURE DA	DATE 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, 810 Blanshard Street, Victoria BC, V8W 2H2.