BRITISH COLUMBIA
BC Public Service
Where ideas work

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

INSTRUCTIONS:

1. 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 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; copy of child's birth certificate). as an AskMyHR Service Request. 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**

EMPLOYEE CLASSIFICATION

☐ BCGEU ☐ NURSES ☐ MANAGEMENT EXCLUDED ☐ OIC
☐ PEA ☐ SCHEDULE A ☐ SALARIED PHYSICIAN ☐ OTHER: _____

APPOINTMENT STATUS

☐ REGULAR ☐ FULL-TIME
☐ ELIGIBLE AUXILIARY ☐ PART-TIME

HOME ADDRESS	CITY, PROVINCE	POSTAL CODE	PHONE Number (E.G. 250-123-4567)

PART 2 – LEAVE SELECTIONS

	START DATE (YYYY/MM/DD)	END DATE (YYYY/MM/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:		
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).

☐ I wish 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 parental leave period has started.

If you have chosen the extended parental allowance, will it be shared with your spouse? Y: ☐ N: ☐

If yes, and your spouse is an employee of the BC Public Service, please complete Part 4 – Spouse Information.

☐ I will be claiming employment insurance benefits for only a portion of my parental leave up to the following date: (YYYY/MM/DD) _____

☐ I wish to apply for pre-placement adoption allowance.

☐ 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

LEGAL NAME FIRST NAME, MIDDLE INITIAL, LAST NAME

MINISTRY / EMPLOYER NAME

EMPLOYEE ID | **DEPARTMENT ID**

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PART 5 – EMPLOYEE CERTIFICATION

1. I understand that group life insurance and long term disability coverage must be maintained during the leave(s).[1] I understand that I may cancel Medical Services Plan and/or extended health and/or dental plan coverage during the leave(s) by submitting the required cancellation form(s) to the Benefits Service Centre.
2. 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 and for the cost of the benefits continued on my behalf. 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.
3. I authorize the full recovery of any amounts owed by me, including the costs of recovery, where necessary from any source.
4. I will advise the employer of all other earnings of employment I receive during the period of maternity and/or parental 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	DATE SIGNED (YYYY/MM/DD)

Freedom of Information and Protection of Privacy Act (FOIPPA) – The personal information requested on this form is collected for the purpose of administering the *Public Service Benefit Plan Act* and is in accordance with the *FOIPPA* Section 26(c). Questions about the use and collection of this information can be directed to the Privacy Officer at 250 544-5594 or toll-free at 1 877 277-0772, Benefits Design and Programs, c/o Benefits Service Centre, Block E, 2261 Keating Cross Road, Saanichton BC V8M 2A5.

[1] **Benefits Continuation** – Coverage for employee basic life insurance and long term disability (only regular employees who have completed six months of active service are eligible for LTD benefits) are conditions of employment and must be maintained throughout any maternity/parental/pre-placement adoption leaves. Medical Services Plan, extended health and dental plan coverage are optional. You may cancel coverage under these plans by submitting the applicable cancellation forms to the Benefits Service Centre in accordance with the rules and established for your benefits program. If you do not fulfill the return-to-work requirement when you complete your leave, you must repay the employer for any benefits that were continued on your behalf, including any health benefit coverage (e.g., extended health and dental), group life insurance and long term disability. If you participate in the Flexible Benefits Program, and you waive coverage, you will generate flex credits for those waived plans, and must repay them if you do not fulfill the return-to-work requirements. For more information, please contact MyHR at 1-877-277-0772.