

# 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 (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; 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 INFORMATION			
LEGAL NAME FIRST NAME, MIDDLE INITIAL, LAST NAME			
MINISTRY / EMPLOYER NAME		EMPLOYEE ID	DEPARTMENT ID
EMPLOYEE CLASSIFICATION		APPOINTMENT STATUS	
<input type="checkbox"/> BCGEU	<input type="checkbox"/> NURSES	<input type="checkbox"/> MANAGEMENT EXCLUDED	<input type="checkbox"/> OIC
<input type="checkbox"/> PEA	<input type="checkbox"/> SCHEDULE A	<input type="checkbox"/> SALARIED PHYSICIAN	<input type="checkbox"/> OTHER: _____
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)
<input type="checkbox"/>	I wish to apply for maternity leave (includes waiting period) on the following dates:	_____	_____
<input type="checkbox"/>	I wish to apply for the standard 35 weeks parental leave (includes waiting period, if applicable) on the following dates:	_____	_____
<input type="checkbox"/>	I wish to apply for the extended 61 weeks parental leave (includes waiting period if applicable) on the following dates:	_____	_____
	<i>Please enter the child's date of birth here if you are applying only for parental leave</i> (YYYY/MM/DD) _____	First 35 weeks: _____	Extended Parental Leave: _____
<input type="checkbox"/>	I wish to apply for pre-placement adoption leave for a total of _____ hours on the following dates:	_____	_____

PART 3 – ALLOWANCE SELECTION(S)	
<input type="checkbox"/>	I wish to apply for the maternity allowance (including the waiting period), to start immediately.
<input type="checkbox"/>	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).
<input type="checkbox"/>	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).
<b>Note:</b> 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 parental allowance, will it be shared with your spouse who is also an employee of the BC Public Service? Y: <input type="checkbox"/> N: <input type="checkbox"/>	
If yes, please complete Part 4 – Spouse Information.	
<input type="checkbox"/>	I will be claiming parental allowance for the following dates: _____
	START DATE (YYYY/MM/DD) _____ END DATE (YYYY/MM/DD) _____
<input type="checkbox"/>	I wish to apply for pre-placement adoption allowance.
<input type="checkbox"/>	I wish to defer my decision on claiming the allowance(s) until the following date: (YYYY/MM/DD) _____
<input type="checkbox"/>	I will not be claiming any allowances.



Where ideas work

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## PART 4 - SPOUSE INFORMATION

LEGAL NAME		FIRST NAME, MIDDLE INITIAL, LAST NAME															
MINISTRY / EMPLOYER NAME										EMPLOYEE ID				DEPARTMENT ID			

## PART 5 – EMPLOYEE CERTIFICATION

1. 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.
2. 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 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. 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.

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)

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.