



SCHOOL OF GRADUATE STUDIES

LEAVE OF ABSENCE INFORMATION FORM WHEN

LEAVE OF ABSENCE INCLUDES PREGNANCY OR PARENTAL LEAVE ONLY

(If requesting a leave of absence that does not include Pregnancy or Parental, please use "Petitions for Special Consideration to the Committee on Graduate Admissions and Study.")

Form with fields: SURNAME (FAMILY NAME OR LAST NAME), GIVEN (FIRST/MIDDLE) NAMES, STUDENT NUMBER

Form with fields: DEPARTMENT, DEGREE (E.G. M.A.Sc., M.S.W., Ph.D.), FULL-TIME OR PART-TIME

Form with fields: Effective Date of Leave of Absence away from Studies: From: To (inclusive): (NOTE: If applicable student must also complete and sign page 2 of this form\*)

Form with fields: SIGNATURE OF STUDENT, DATE SIGNED

Form with fields: DEPARTMENTAL ACKNOWLEDGEMENT & CONFIRMATION, Number of T.A. hours completed by student: Term 1 Term 2 Term 3, DATE SIGNED, SIGNATURE OF SUPERVISOR (IF ONE ASSIGNED), NAME PRINTED, DATE SIGNED, SIGNATURE OF CHAIR / GRADUATE ADVISOR / PROG. CO-ORD., NAME PRINTED

FOR OFFICE USE ONLY

Form with fields: Pregnancy Leave (this option can only be claimed by female students) Effective: From: To (inclusive): (see section 18.03 / .04 / .06 of McMaster / CUPE collective agreement and section 2.4.5 of School of Graduate Studies Calendar)

Form with fields: Parental Leave (this option open to all new parents – birth and adoptions) Effective: From: To (inclusive): (see section 18.03 / .05 of McMaster / CUPE collective agreement and section 2.4.5 of School of Graduate Studies Calendar) If student holds any of the following awards (circle one): NSERC, SSHRC OR CIHR, s/he may request a "paid parental leave supplement" at the current stipend level for up to 4 (four) months # of months requesting the Paid Parental Leave Supplement (up to 4 months) beginning: (m)(d)(y) at \$ per month

Form with fields: SCHOOL OF GRADUATE STUDIES ACKNOWLEDGEMENT, DATE SIGNED, SIGNATURE OF ASSOCIATE DEAN, NAME PRINTED

\* Rules, Conditions and Obligations concerning the  
**Paid Parental Leave Supplement**  
For  
NSERC, SSHRC or CIHR  
Scholarship Holders

If you will be interrupting your studies / award within six months of a child's birth or adoption in order to be the primary caregiver for the child, you may request a paid parental leave supplement at the current stipend level for up to four months. **(You must also complete Page 1 of this form.)**

I \_\_\_\_\_ (print name), McMaster Student # \_\_\_\_\_ hold the following award: (circle one) **NSERC, SSHRC or CIHR** and am requesting a ***"Paid Parental Leave Supplement"*** AND

I am not eligible for and will not receive employment insurance or other pregnancy / parental benefits from other sources;

The other parent has not received and will not receive employment insurance or other pregnancy / parental benefits before or during the period that the parental benefit is paid by the council;

I will be the primary caregiver of my child during the parental leave; AND

During the parental leave, I will not be engaged in my studies / research activities or employed in any capacity.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)