

LEAVE OF ABSENCE (PREGNANCY OR PARENTAL LEAVE ONLY)

IF REQUESTING A LEAVE THAT DOES NOT INCLUDE PREGNANCY OR PARENTAL, PLEASE USE A "PETITION FOR SPECIAL CONSIDERATION TO THE COMMITTEE ON GRADUATE ADMISSIONS AND STUDY"

FIRST NAME		FAMILY NAME		STUDENT #	
PROGRAM		FULL /PART TIME		DEGREE	

EFFECTIVE DATE OF LEAVE AWAY FROM STUDIES	
START DATE:	DATE FORMAT: YYYY-MM-DD
END DATE: (INCLUSIVE)	

PREGNANCY LEAVE (THIS OPTION CAN ONLY BE CLAIMED BY FEMALE STUDENTS)	
SEE SECTION 18.03/.05/.06 OF McMASTER CUPE COLLECTIVE AGREEMENT AND 2.4.5 OF SGS CALENDAR	
START DATE:	DATE FORMAT: YYYY-MM-DD
END DATE: INCLUSIVE	

PARENTAL LEAVE (THIS OPTION IS OPEN TO ALL NEW PARENTS – BIRTH AND ADOPTIONS)	
SEE SECTION 18.04/.05/ OF McMASTER CUPE COLLECTIVE AGREEMENT AND 2.4.5 OF SGS CALENDAR	
PLEASE ALSO COMPLETE PAGE 2 IF STUDENT IS TAKING PARENTAL LEAVE	
START DATE:	DATE FORMAT: YYYY-MM-DD
END DATE: INCLUSIVE	

SIGNATURE OF STUDENT:		DATE:	
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DEPARTMENTAL ACKNOWLEDGEMENT AND CONFIRMATION						
NO OF T.A. HOURS COMPLETED BY STUDENT	TERM 1		TERM 2		TERM 3	
SUPERVISOR						
PRINTED NAME		SIGNATURE				
DATE						
CHAIR OR GRADUATE ADVISOR						
PRINTED NAME		SIGNATURE				
DATE						

PLEASE INDICATE IF STUDENT IS SCHOLARSHIP HOLDER OF NSERC SSHRC OR CIHR

S/HE MAY REQUEST A PAID PARENTAL LEAVE SUPPLEMENT AT THE CURRENT STIPEND LEVEL FOR UP TO FOUR MONTHS (NSERC AND SSHRC) OR SIX MONTHS (CIHR).

IF THE STUDENT IS NOT A HOLDER OF ONE OF THE ABOVE SCHOLARSHIPS, S/HE MAY BE ELIGIBLE FOR CONTINUATION OF SCHOLARSHIP FUNDING OUTLINED IN SGS CALENDAR SECTION 2.4.5.

****TO BE COMPLETED ONLY IF AN NSERC, SSHRC OR CIHR AWARD HOLDER ****
RULES AND CONDITIONS AND OBLIGATIONS CONCERNING THE PAID PARENTAL LEAVE SUPPLEMENT (NOT REQUIRED IF STUDENT IS TAKING A PREGNANCY LEAVE)

FIRST NAME		FAMILY NAME		STUDENT #	
<p>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 RATE FOR UP TO FOUR MONTHS (NSERC OR SSHRC) OR SIX MONTHS (CIHR).</p> <p>I AM REQUESTING A PAID PARENTAL LEAVE SUPPLEMENT AND</p> <ul style="list-style-type: none"> - I AM NOT ELIGIBLE FOR AND WILL NOT RECEIVE EMPLOYMENT INSURANCE OR OTHER PREGNANCY/PARENTAL BENEFITS FROM OTHER SOURCES; - I WILL BE THE PRIMARY CAREGIVER OF THE 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 					
DATE		STUDENT'S SIGNATURE			

FOR SGS USE ONLY			
PAYROLL			
# OF MONTHS REQUESTING THE PAID PARENTAL LEAVE SUPPLEMENT UP TO 4 (FOUR) MONTHS			
BEGINNING		AMOUNT	
STUDENT RECORDS			
RECORDS UPDATED	<input type="checkbox"/>	DEPARTMENT ADVISED	<input type="checkbox"/>

SCHOOL OF GRADUATE STUDIES APPROVAL/ACKNOWLEDGMENT			
SIGNATURE OF ASSOCIATE DEAN		DATE	