# Notification of Parental Leave

# Part 1: Student Details

To be completed by the student.

First name:

Last name:

WLU ID:

WLU email:      @mylaurier.ca

Program (e.g. MSc Geography):

# Part 2: Leave Details

To be completed by the student.

Expected date of birth/adoption (DDMMYYYY):

Start term of leave: [ ]  Fall 20       [ ] Spring 20       [ ] Winter 20

I intend to return after: [ ]  1 term [ ]  2 terms [ ]  3 terms

I have attached medical or legal documentation: [ ]  Yes [ ]  No

# Part 3: Parental Leave Supplement

To be completed by the student.

**Please complete the below only if you are interested in and eligible for the supplement.**Graduate students whose degree program includes a funding package may be eligible for a Parental Leave Supplement. Please note, the supplement is a taxable benefit subject to government statutory deductions. Refer to the [University-Related Employment for Full-Time Graduate Students](https://students.wlu.ca/registration-and-finances/graduate-funding-and-awards/employment-based.html) page for information regarding eligibility. **By checking ‘Yes’ you acknowledge that your eligible for the supplement is subject to verification**.

I am applying for the parental leave supplement: **[ ]** Yes [ ]  No

**(If no, skip to the “Required Signatures” section)**

Is your partner a WLU graduate student and expecting to apply for this supplement at any time during the period of your expected leave? [ ]  Yes [ ]  No [ ]  N/A

If yes, please indicate partner’s name and their program of study:

First Name:       Last Name:

Partner’s Program (e.g. MSc Geography):

# Part 4: Student’s Statement for Supplement

To be completed by the student. Please check boxes and sign below.

[ ]  I understand that a physician’s statement or legal documentation is mandatory for consideration for the supplement.
[ ]  I confirm that I am the primary caregiver for the expected child.
[ ]  I confirm that I intend to return to continue full-time graduate studies following the parental leave.
[ ]  I will be applying for Employment Insurance Benefits.

[ ]  I agree to submit to the Payroll Department my Employment Insurance (EI) payment notice (if collected) within one month of receipt of the notification from Service Canada, and that an adjustment to my supplement application may result.
[ ]  I confirm that the information submitted on the Calculation for Supplement form is complete and accurate, and understand that it is subject to verification.

[ ]  **I understand that if I do not return, I will be required to re-pay the grant.**

# Part 5: Required Signatures

To be completed by the student and FGPS.

Student’s signature:

Date:

Approval by FGPS:

Date:

Note: This form does not require departmental approval.

# Notice of Collection of Private Information

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FGPS Notes: