# Laurier Logo

# Graduate Student Notification of Parental Leave

## Student Details:

Name:

WLU ID:

MyLaurier Email:

Program/department (e.g., PhD Geography):

Medical or legal documentation attached:

Expected date of birth/adoption (DD/MM/YYYY):

## Leave Details:

Start term of leave (e.g., Winter 2020):

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

## Parental Leave Grant:

***Please complete the below only if you are interested in and eligible for the grant.***Full-time Graduate students whose degree program includes a funding package may be eligible for a Parental Leave Grant. Refer to the [Internal Scholarships and Award](https://students.wlu.ca/registration-and-finances/graduate-funding-and-awards/internal-scholarships.html)s page for information regarding elegibility. **By checking ‘Yes’ you acknowledge that your eligibility for the grant is subject to verification**.

I am applying for the parental leave grant:

**[ ]  Yes** **[ ]  No \***(If no, skip to the ‘Signatures’ section)

Is your partner a WLU graduate student and expecting to apply for this grant 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:

Name:

Program of study:

## Student’s Statement for Parental Leave Grant (please check boxes and sign below)

[ ]  I understand that a physician’s statement or legal documentation is mandatory for consideration for the grant.

[ ]  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 Faculty or Graduate and Postdoctoral Studies 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 grant application may result.

[ ]  I confirm that the information submitted on the Calculation for Grant form is complete and accurate, and understand that it is subject to verification.

## Signatures:

Student’s signature:

Date:

Approval by FGPS:

Date:

FGPS Notes: