



Maternity, Adoption or Parental Leave Request / Return from Leave Form

Instructions: This form is for **TEACHERS** and **SUPPORT STAFF** only. **SUBSTITUTE TEACHERS** must use form **HRB252** instead.

Complete all relevant sections of this form, then sign and date it in Section 4, and return it by email to cbeincoming@westcanadian.com or fax 403-541-5640. **Please review page 2 prior to completing.**

Section 1: Employee Information while on leave			
Last Name:		Legal First Name & Initial:	
Employee ID:	Position:	Union / Association:	
Location:			
Home Mailing Address: (include postal code)			
Home Phone:		Mobile Phone:	
Home Email:		Alternative Contact #:	
Section 2: Maternity Leave / Adoption / Parental Leave Request			
<input type="checkbox"/> Maternity Leave Intention	Due Date: _____ (DD/MM/YYYY)		
<input type="checkbox"/> Sick Leave prior to Maternity Leave	Date(s): _____ to _____ Due Date: _____ (DD/MM/YYYY) (DD/MM/YYYY) (DD/MM/YYYY) <i>*Attach a Doctor's note recommending dates of leave for medical reasons, and expected due date.</i>		
<input type="checkbox"/> Adoption Leave (Two weeks paid)	Date(s): _____ to _____ Date of Child's Placement: _____ (DD/MM/YYYY) (DD/MM/YYYY) (DD/MM/YYYY)		
<input type="checkbox"/> Maternity Leave	Date(s): _____ to _____ Birth Date of Baby: _____ (DD/MM/YYYY) (DD/MM/YYYY) (DD/MM/YYYY)		
<input type="checkbox"/> Parental Leave (for ATA, includes Adoption) (must be declared upfront)	Date(s): _____ to _____ Date of Child's Birth/Placement: _____ (DD/MM/YYYY) (DD/MM/YYYY) (DD/MM/YYYY)		
<input type="checkbox"/> Shared Parental Leave (See page 2 for shared parental leave guidelines)	Are both parents CBE ATA employees? <input type="checkbox"/> Yes <input type="checkbox"/> No Are both parents CBE SA employees? <input type="checkbox"/> Yes <input type="checkbox"/> No Employee ID of 1 st parent: _____ Employee ID of 2 nd parent: _____		
Section 3: Return from Leave			
<input type="checkbox"/> Return from Leave	Effective Date: _____ (DD/MM/YYYY) <i>I acknowledge my professional responsibility to inform the CBE of my intention to return at least 30 days in advance. For ATA, this is 4 weeks.</i>		
Section 4: Acknowledgement			
I hereby acknowledge that I have read and understand the Collective Agreement, or Exempt Terms and Conditions of Employment requirements, and the instructions listed on page 2.			
Employee's Signature: _____		Date: _____ (DD/MM/YYYY)	
<small>Personal information is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP). This information will be used for the management of personnel and for the delivery of various Human Resources programs at the Calgary Board of Education. It will be treated in accordance with the privacy protection provisions of FOIP. If you have any questions about the FOIP Act, please access http://www.cbe.ab.ca/legal/foip. If you have any questions about this form and/or the use of the information, please contact the HR Employee Contact Centre at 403-817-7333.</small>			



HR Use Only	Received	Initial	Processing	

Please read the following information prior to completing the Employee Maternity, Adoption or Parental Leave Request / Return from Leave form.

Review the leave entitlements/provisions of your [Collective Agreement or Exempt Terms and Conditions of Employment](#) prior to requesting a leave of absence.

Instructions: This form is for Contract Teachers only. Substitute Teachers: please use form HRB252 instead. Complete all relevant sections of this form, then sign and date it in Section 4, and return it by email to: cbeincoming@westcanadian.com or fax: 403-541-5640.

Section 1: Employee Information while on leave

Please provide all requested information, where applicable.

Section 2: Maternity, Adoption or Parental Leave

Complete this section to request any of the following:

- **Maternity Leave Intention:** the first notification to the CBE of your expectant birth.
- **Sick Leave prior to Maternity Leave:** prior to the birth of your baby, if you require sick leave for any medical reason, related to pregnancy or otherwise, please attach supporting medical documentation and provide the first date of absence due to medical reasons.
- **Maternity Leave:** if you are requesting your maternity leave to commence prior to the birth of your baby OR to commence upon the birth of your baby.
- **Adoption Leave:** upon knowledge of the placement date of the child.
- **Parental Leave (for ATA, includes Adoption):**
 - ATA only: when requesting parental leave following maternity or adoption leave, OR as the spouse or partner requesting parental leave within 78 weeks following the birth of your baby OR for adoptions, upon knowledge of the placement date of the child. **All Parental Leaves are to be declared at least 6 (six) weeks prior to the leave commencing.**
 - Non-ATA: when requesting parental leave following maternity or adoption leave, OR as the spouse or partner requesting parental leave within 52 weeks following the birth of your baby. **All Parental Leaves are to be declared prior to the leave commencing.**
- **Shared Parental Leave**
 - The combined maximum for both CBE employees is 62 weeks in a 78 week period.
 - Refer to Article 11 of the ATA Collective Agreement.
 - Refer to Article 17 of the SA Collective Agreement.
- **Extended Parental Leave**
 - Refer to Article 14 of the ATA Collective Agreement

Section 3: Return from Leave

Prior to the scheduled conclusion of the leave, written confirmation of your desire to return to duties is required within a minimum of 30 days' notice. Note: For ATA, this is 4 weeks.

Section 4: Acknowledgement

Please ensure this form is signed and dated.