

**Employee Statement
Employment Insurance Benefits and
Maternity and/or Parental Allowances
Pursuant to the Collective Agreement**

As part of my (select: *Maternity/Parental*) leave:

(Reason for leave) _____ from _____ to _____, AND

(Reason for leave) _____ from _____ to _____

for which I am eligible for maternity and/or parental allowances under the collective agreement of the _____ group, I _____, employee of the Department of _____, anticipate that I will be asking for the following benefits under the Employment Insurance Act:

Maternity _____ weeks

Parental or Adoption _____ weeks **and** _____ weeks, from _____

OR Extended Parental Leave with 33% EI subsidy _____ weeks.

Name of parent serving waiting period: _____

OR

Waiting period waived: _____

The combined maximum total weeks of top ups to 93% of the salary is 52 weeks.

Complete **a)** or **b)** if the other parent works for an organization for which the Treasury Board of Canada Secretariat is the employer.

_____ **a) The other parent (Name and Department: _____)** who resides in the province/territory of _____ is an employee of _____ and has requested/will request maternity and/or parental allowances under his/her collective agreement for the following number of weeks:

Maternity _____ weeks at 93% of salary

Parental _____ weeks at 93% of salary

OR

_____ **b) The other parent** will not be requesting any of the above allowances.

I will inform my employer of any change in the payment of benefits that I or the other parent will receive from EI.

I will provide my Compensation Advisor with proof of benefits I have received from the EI and to justify the payments that will have been made by my employer.

Employee's signature

Home/Cellphone number

Date

Home email address

INSTRUCTIONS:

PLEASE FORWARD THIS STATEMENT TO YOUR COMPENSATION ADVISOR NO LATER THAN TWO WEEKS BEFORE THE START OF YOUR LEAVE.