

First Name:	Full-time	Part-time
Last Name:	Full Program Name:	
Student ID Number:	Degree:	

Effective Date Of Leave Away From Studies	
Start Date (YYYY-MM-DD)	End Date (inclusive) (YYYY-MM-DD)

Pregnancy Leave (this option can only be claimed by the birth mother)	
See section 19.03/.04/.05 of McMaster CUPE Collective Agreement and 2.5.7 of SGS Calendar	
Start Date (YYYY-MM-DD)	End Date (inclusive) (YYYY-MM-DD)

Parenting Leave (this option is open to all new parents – birth and adoptions)	
See section 19.03/.04/.05 of McMaster CUPE Collective Agreement and 2.5.7 of SGS Calendar	
Student must complete page 2 if taking a parenting leave	
Start Date (YYYY-MM-DD)	End Date (inclusive) (YYYY-MM-DD)

Student Signature:	Date (YYYY-MM-DD)
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Departmental Acknowledgement and Confirmation			
Number of T.A. hours completed by student	Term 1	Term 2	Term 3
Supervisor	Signature	Date (YYYY-MM-DD)	
Graduate Advisor	Signature	Date (YYYY-MM-DD)	

A medical note or adoption form is required to accompany this form.

To be completed only if an NSERC, SSHRC or CIHR award holder

Rules and conditions and obligations concerning the paid parenting leave supplement (not required if student is taking a pregnancy leave)

First Name:

Last Name:

Student ID:

Please indicate if student is scholarship holder of: NSERC SSHRC CIHR

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 parenting leave supplement at the current stipend rate for up to twelve months. Please refer to the tri-agency research award holder's

[Tri-agency Research Training Award Holder's Guide](#)

[Form Request for Deferment of Start Date or Interruption of Award](#)

Payments will not be processed until confirmation of approval of leave request is received by McMaster from SSHRC, NSERC or CIHR.

-I am requesting a paid parental leave supplement and

-I will be the primary caregiver of the child during the parenting leave

-During the parental leave, I will not be engaged in my studies/research activities or employed in any capacity

-Proof of birth or adoption will be required before reinstatement of the award

Student Signature

Date (YYYY-MM-DD)

****To be completed if not an NSERC, SSHRC or CIHR award holder****

First Name:

Last Name:

Student ID:

If you are in receipt of McMaster scholarship funds you may be eligible to receive a parenting grant to a maximum total of \$4000 for one term. Birth mothers may be eligible for a second installment of up to \$4000 for the second term.

1st Term

2nd Term (birth mothers only)

Student Signature

Date (YYYY-MM-DD)

School of Graduate Studies Approval/Acknowledgement

Signature of Associate Dean

Date (YYYY-MM-DD)

For SGS use only	
Payroll	
Number of months requesting the parenting grant:	
Start Date (YYYY-MM-DD)	End Date (YYYY-MM-DD)
Total Amount	Amount per month
Student Records	
Records Updated	Department Advised

**Once this form is fully complete, please submit via Service Request
Parenting Leave Form – R0004**