

**SCHOOL OF GRADUATE STUDIES
PARENTING LEAVE**

FIRST NAME		FAMILY NAME		STUDENT #	
PROGRAM		FULL /PART TIME		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 FEMALE STUDENTS)	
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)	

PARENTAL 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 PARENTAL LEAVE	
START DATE (YYYY-MM-DD)	
END DATE (INCLUSIVE)(YYYY-MM-DD)	

SIGNATURE OF STUDENT		DATE (YYYY-MM-DD)	
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DEPARTMENTAL ACKNOWLEDGEMENT AND CONFIRMATION						
# 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)		

PLEASE INDICATE IF STUDENT IS SCHOLARSHIP HOLDER OF **NSERC** **SSHRC** **OR CIHR**

S/HE MAY REQUEST A PAID PARENTAL LEAVE SUPPLEMENT AT THE CURRENT STIPEND LEVEL FOR UP TO SIX MONTHS.

IF THE STUDENT IS NOT A HOLDER OF ONE OF THE ABOVE SCHOLARSHIPS, S/HE MAY BE ELIGIBLE FOR CONTINUATION OF SCHOLARSHIP FUNDING OUTLINED IN SGS CALENDAR SECTION 2.5.7.

****TO BE COMPLETED ONLY IF AN NSERC, SSHRC OR CIHR AWARD HOLDER ****
RULES AND CONDITIONS AND OBLIGATIONS CONCERNING THE PAID PARENTAL LEAVE SUPPLEMENT (NOT REQUIRED IF STUDENT IS TAKING A PREGNANCY LEAVE)

FIRST NAME		FAMILY NAME		STUDENT #	
<p>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 PARENTAL LEAVE SUPPLEMENT AT THE CURRENT STIPEND RATE FOR UP TO SIX MONTHS.</p> <p>- I AM REQUESTING A PAID PARENTAL LEAVE SUPPLEMENT AND</p> <p>- I WILL BE THE PRIMARY CAREGIVER OF THE CHILD DURING THE PARENTAL LEAVE</p> <p>- DURING THE PARENTAL LEAVE, I WILL NOT BE ENGAGED IN MY STUDIES/RESEARCH ACTIVITIES OR EMPLOYED IN ANY CAPACITY</p> <p>- PROOF OF BIRTH OR ADOPTION WILL BE REQUIRED BEFORE REINSTATEMENT OF THE AWARD</p>					
STUDENT'S SIGNATURE				DATE (YYYY-MM-DD)	

****TO BE COMPLETED IF NOT AN NSERC, SSHRC OR CIHR AWARD HOLDER ****

FIRST NAME		FAMILY NAME		STUDENT #	
<p>IF YOU ARE IN RECEIPT OF MCMASTER SCHOLARSHIP FUNDS YOU MAY BE ELIGIBLE TO RECEIVE GRADUATE SCHOLARSHIP FUNDS OF A MAXIMUM OF \$750 PER MONTH, TO A MAXIMUM TOTAL OF \$3000.</p> <p>PLEASE INDICATE IF YOU WANT THE AMOUNT PAID OVER 4 OR 8 MONTHS:</p> <p>4 months <input type="checkbox"/> 8 months <input type="checkbox"/></p>					
STUDENT'S SIGNATURE				DATE (YYYY-MM-DD)	

SCHOOL OF GRADUATE STUDIES APPROVAL/ACKNOWLEDGMENT

SIGNATURE OF ASSOCIATE DEAN		DATE (YYYY-MM-DD)	
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FOR SGS USE ONLY

PAYROLL							
# OF MONTHS REQUESTING THE PAID PARENTAL LEAVE SUPPLEMENT							
START DATE (YYYY-MM-DD)		END DATE (YYYY-MM-DD)		TOTAL AMOUNT		AMOUNT PER MONTH	
STUDENT RECORDS							
RECORDS UPDATED <input type="checkbox"/>				DEPARTMENT ADVISED <input type="checkbox"/>			