

This form is used to provide departmental approval of a written maternity leave request made by a support staff employee.

For assistance with this form, please contact your [Employment Advisor](#) or call (780) 492-4555.

Please forward a copy of completed form to employee. Submit form and supporting documentation by mail or fax to:

Employment Services, HR Operations
Human Resource Services, 2-60 University Terrace
University of Alberta, Edmonton, AB T6G 2T4
Fax: (780) 492-3800
Email: employmentservices@ualberta.ca

A. Employee Information

Person ID # _____ Last Name _____ First Name _____

Department _____ Period of Maternity Leave _____ to _____
yyyy/mm/dd yyyy/mm/dd

B. Department Authorization – Please attach the written request for the maternity leave period made by the employee along with the doctor’s certificate confirming her expected due date.

Please be advised that the above mentioned individual has requested a maternity leave without pay for the period specified which has been approved by our department.

Name _____ Title _____

Signature _____ Date (yyyy/mm/dd) _____