

This form is used to provide departmental approval of a written parental leave request made by a support staff employee. A benefit advisor will forward a Leave Directive to the employee to arrange prepayment of benefits.

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 by mail or fax to:

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

**A. Employee Information**

Person ID # \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Department \_\_\_\_\_ Period of Parental Leave Without Pay \_\_\_\_\_ to \_\_\_\_\_  
yyyy/mm/dd yyyy/mm/dd

**B. Department Authorization – Please attach the written request for the parental leave period made by the employee**

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

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_

The personal information requested on this form is collected under the authority of Section 33c of the Alberta Freedom of Information and Protection of Privacy Act and it will be protected under Part 2 of that Act. It will be used to provide departmental approval for maternity leave. Direct any questions about this collection to Human Resource Services, 2-60 University Terrace, Telephone: (780) 492-4555.