

Section/Number: Leave Management–004	Approval Date: (DD/MM/YY)
Subject: Maternity Leave	Amendment Dates:
<p>Policy</p> <p>The Community Government provides Maternity Leave to employees who become pregnant.</p>	
<p>Definitions</p> <p>N/A</p>	
<p>Guidelines</p> <ol style="list-style-type: none"> <li>1. Employees who become pregnant are eligible for a total of 17 consecutive weeks of Maternity Leave Without Pay.</li> <li>2. The leave may begin as early as 17 weeks before the due date and end up to 17 weeks after the date of birth.</li> <li>3. To be eligible for Maternity Leave, the employee must:             <ol style="list-style-type: none"> <li>3.1. submit a written request for Maternity Leave at least four weeks before the day on which she intends to commence the leave; and</li> <li>3.2. provide a medical certificate confirming that she is pregnant and estimating the date of delivery.</li> </ol> </li> <li>4. The employee must inform his/her Supervisor in writing of her pregnancy at least four weeks before the expected start date of Maternity Leave.</li> <li>5. The employee will complete an Application for Leave Form, attach a certificate from her doctor and submit it to the Supervisor for approval.</li> <li>6. The certificate must include the expected date of birth and state how long she can work before starting her leave.</li> <li>7. The Senior Administrative Officer will approve the leave application for up to 17 weeks.</li> <li>8. The leave application will be placed on the employee's personnel file.</li> <li>9. The employee can apply to Human Resources and Skills Development Canada for EI benefits.</li> <li>10. No employee shall be laid off, transferred or relocated while on, or within six months of her return from pregnancy leave without the consent of the employee and the Employer.</li> </ol>	
<p>Attachments</p> <p>Sample Leave Form</p>	

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Community Government Name

References

Employment Standards Act

<http://www.justice.gov.nt.ca/PDF/ACTS/Employment%20Standards.pdf>

**Sample Leave Form**

**Leave of Absence Request Form**

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Type of Leave Requested: \_\_\_\_\_

Start Date/Time of Leave: \_\_\_\_\_

Return to Work Date/Time: \_\_\_\_\_

Verification of Leave Credits: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Senior Administrative Officer Approval: \_\_\_\_\_

(If leave is denied, Senior Administrative Officer will advise in writing.)