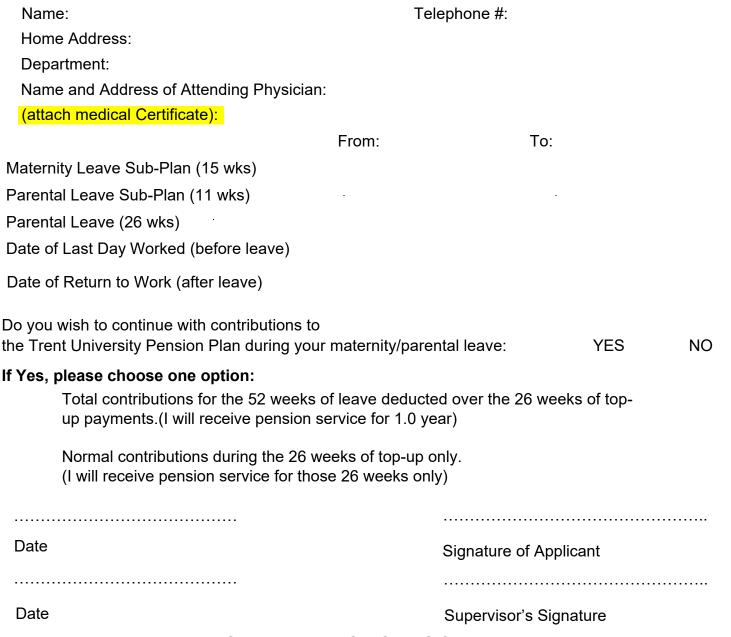
## Maternity/Parental Leave Form

## **OPSEU/EXEMPT - 12 Month Option**



## PLEASE READ THE FOLLOWING CAREFULLY

## The following is to be completed by applicants for maternity/parental leave sub plans only: In accepting payment from Trent University under the Maternity/Parental Leave SUB Plans, I the undersigned agree to all the terms and conditions of the Plan. If I should fail to return to work at Trent University on the date stipulated on this form and/or if I should fail to return to work for a period equal to the length of the paid leave, I agree to return to Trent University all the money paid to me by the University during my maternity/parental leave.

Date Signature of Applicant

Department of Human Resources