

BMO Financial Group - U.S.

Request for Maternity Leave of Absence Form

Section 1: Employee information (completed by the applicant)

Employee Name (Please Print)		Employee ID Number		Last 4 digits of SSN	
Home Street Address		Home City		Home State	Home Zip Code
Home Phone Number					
Date of Hire	Status (circle one) Full-time or Part-time ____ hours/week	Supervisor's Name		Supervisor's Phone Number	

Section 2: Employee anticipated leave details (completed by the applicant)

Anticipated Delivery Date _____

Anticipated Return to Work Date _____

Note: The first 16 weeks of your leave will be paid under the Maternity Leave Benefit. You may choose to take up to an additional 8 weeks of unpaid bonding leave. If you intend to use any available Sick and/or Vacation hours to provide salary continuation during the unpaid portion of your leave, you will need to enter your Sick and Vacation hours into the Absence application of Workday. You may also ask your manager to input this information into Workday on your behalf. Payroll will not process any Sick or Vacation hours until they have been entered into Workday. After your Sick and Vacation time has been applied, the remaining portion of your leave will be unpaid.

Important note to employees eligible for Family and Medical Leave: If you are eligible, this form will also serve as your application for the Family and Medical Leave Act (FMLA) related to the care of a child after birth (therefore you will not need to apply separately for FMLA). If your Maternity Leave of Absence is approved, it will usually run concurrent with your Family and Medical Leave and Short-term Disability time-frames. To be eligible for a Family and Medical Leave, you must be a permanent employee of BMO for at least 12 months and have worked at least 1,250 hours during the 12 months proceeding your leave start date.

If you have already exhausted your 12 weeks of the Family and Medical Leave Act time prior to birth of your child or you are not eligible for FMLA, you are still eligible for the full 16 weeks of paid Maternity Leave.

Section 3: Attestation & Signature (completed by the applicant)

I attest that the information provided in this form is accurate and complete. I understand that I will need to contact Matrix Absence Management at 1-888-295-7862 as soon as possible following delivery to initiate my Leave of Absence. Failure to promptly notify Matrix of delivery may result in a delay of my Maternity Leave Benefit pay. If my Leave of Absence plans change, I must notify Matrix immediately to update my leave information.

I understand that failure to return to work at the end of my approved leave period will be considered a voluntary resignation, effective on the date I was scheduled to return to work, unless an extension has been approved.

Signature	Date
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Please send the completed Request for Maternity Leave of Absence form to Matrix Absence Management within 15 days of the date that you notify Matrix of your request for maternity leave.

Return this form to:

Matrix Absence Management, Inc.
Claim Office
2421 W Peoria Ave Ste 200
Phoenix, AZ 85029
FAX: 1-866-683-9548

Employees can access claims status and claims detail through www.MatrixAbsence.com or via the Matrix App.