

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		Supervisor's Name		Supervisor's Phone Number	
Date of Hire	Status (Circle one) Full-time or Part-time ____ hours/week				

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

Anticipated Delivery Date _____ Anticipated Return to Work Date _____

Note: Your first 12 weeks of your leave will be paid under the Maternity Leave Benefit. If you choose to remain out for more than 12 weeks, please indicate if you will be using any available Sick and/or Vacation hours below to provide salary continuation during the unpaid portion of your leave. Payroll will not process Sick or Vacation time until Leave Administration has input the information into Workday on your behalf. After your Sick and Vacation time has been used as you have designated below, the remaining portion of your leave will be unpaid.

Number of Sick hours to use _____ Number of Vacation hours to use _____

Important note to employees eligible for Family and Medical Leave: If you are eligible, this form will also serve as your application for a Family and Medical Leave (FML) related to the care of a child after birth (therefore you will not need to apply separately for FML). If your Maternity Leave of Absence is approved, it will usually run concurrent with your Family and Medical Leave and Short-term Disability timeframes. 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 preceding your leave start date.

If you have already exhausted your 12 weeks of Family and Medical Leave time prior to birth of your child or you are not eligible for FML, you are still eligible for the full 12 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 Leave Administration at 1-888-927-7700 as soon as possible following delivery to initiate my Leave of Absence. Failure to promptly notify Leave Administration of delivery may result in a delay of my Maternity Leave Benefit pay. If my Leave of Absence plans change, I must notify Leave Administration 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 Leave Administration within 15 days of the date that you notify Leave Administration of your request for maternity leave.

Return this form to: Leave Administration
P.O. Box 6278
Broomfield, CO 80021
FAX: 1-281-298-0115