

**\*\*TO BE COMPLETED ONLY IF AN NSERC, SSHRC OR CIHR AWARD HOLDER \*\***  
**RULES AND CONDITIONS AND OBLIGATIONS CONCERNING THE PAID PARENTAL LEAVE SUPPLEMENT (NOT REQUIRED IF STUDENT IS TAKING A PREGNANCY LEAVE)**

<b>FIRST NAME</b>		<b>FAMILY NAME</b>		<b>STUDENT #</b>	
<p>IF YOU WILL BE INTERRUPTING YOUR STUDIES/AWARD WITHIN SIX MONTHS OF A CHILD'S BIRTH OR ADOPTION IN ORDER TO BE THE PRIMARY CAREGIVER FOR THE CHILD, YOU MAY REQUEST A PAID PARENTAL LEAVE SUPPLEMENT AT THE CURRENT STIPEND RATE FOR UP TO SIX MONTHS.</p> <p>- I AM REQUESTING A PAID PARENTAL LEAVE SUPPLEMENT AND</p> <p>- I WILL BE THE PRIMARY CAREGIVER OF THE CHILD DURING THE PARENTAL LEAVE</p> <p>- DURING THE PARENTAL LEAVE, I WILL NOT BE ENGAGED IN MY STUDIES/RESEARCH ACTIVITIES OR EMPLOYED IN ANY CAPACITY</p> <p>- PROOF OF BIRTH OR ADOPTION WILL BE REQUIRED BEFORE REINSTATEMENT OF THE AWARD</p>					
<b>STUDENT'S SIGNATURE</b>				<b>DATE (YYYY-MM-DD)</b>	

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<b>FIRST NAME</b>		<b>FAMILY NAME</b>		<b>STUDENT #</b>	
<p>IF YOU ARE IN RECEIPT OF MCMASTER SCHOLARSHIP FUNDS YOU MAY BE ELIGIBLE TO RECEIVE GRADUATE SCHOLARSHIP FUNDS OF A MAXIMUM OF \$750 PER MONTH, TO A MAXIMUM TOTAL OF \$3000.</p> <p>PLEASE INDICATE IF YOU WANT THE AMOUNT PAID OVER 4 OR 8 MONTHS:</p> <p>4 months <input type="checkbox"/>                      8 months <input type="checkbox"/></p>					
<b>STUDENT'S SIGNATURE</b>				<b>DATE (YYYY-MM-DD)</b>	

**SCHOOL OF GRADUATE STUDIES APPROVAL/ACKNOWLEDGMENT**

<b>SIGNATURE OF ASSOCIATE DEAN</b>		<b>DATE (YYYY-MM-DD)</b>	
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**FOR SGS USE ONLY**

<b>PAYROLL</b>							
<b># OF MONTHS REQUESTING THE PAID PARENTAL LEAVE SUPPLEMENT</b>							
<b>START DATE (YYYY-MM-DD)</b>		<b>END DATE (YYYY-MM-DD)</b>		<b>TOTAL AMOUNT</b>		<b>AMOUNT PER MONTH</b>	
<b>STUDENT RECORDS</b>							
<b>RECORDS UPDATED</b> <input type="checkbox"/>				<b>DEPARTMENT ADVISED</b> <input type="checkbox"/>			