



MATERNITY AND PARENTAL LEAVE
REPORTING FORM FOR EMPLOYERS

NAME OF EMPLOYER: _____

CONGREGATIONAL CODE where applicable _____

ADDRESS: _____

POSTAL CODE _____

TREASURER'S NAME
(person completing form) _____

CONTACT TELEPHONE NUMBER (_____) _____

PERSONAL INFORMATION:

NAME OF PROFESSIONAL CHURCH
WORKER ON MATERNITY LEAVE _____

NAME OF PROFESSIONAL CHURCH
WORKER ON PARENTAL LEAVE _____

BABY'S BIRTHDATE: _____

LAST DATE WORKED _____

DATE RETURNING TO WORK _____

Mail to: Senior Administrator Pension & Benefits
The Presbyterian Church in Canada
50 Wynford Drive, Toronto, ON M3C 1J7

TO BE COMPLETED BY TREASURER OR PAYROLL ADMINISTRATOR:

Payment dates for top-up only begin when EI payments begin. Make certain that all the amounts claimed are for the same claim period i.e. monthly or weekly, and that they match with the EI claim period.

Please complete either monthly or weekly for reimbursement; include a photocopy of the EI Benefit statement for each week of maternity/parental leave being claimed. Please keep all stubs.

Date of first EI – Maternity/Parental Benefit payment _____ [provide copies of the EI benefit statements]

PCC Claim period beginning _____ PCC Claim period Ending _____ Total number of weeks _____

1. Enter the gross Stipend, Housing Allowance (Manse Rental Value) and Utilities (if non clergy enter “salary”)

Stipend or salary	\$ _____	1a.	
Housing Allowance (Manse Rental Value)	\$ _____	1b.	
Utilities (Actual amount)	\$ _____	1c.	
 Total	 \$ _____		 \$ _____ 1.

2. Calculate 95% of line 1 \$ _____ 2.

3. Enter the gross benefit paid to you by Employment Insurance - EI \$ _____ 3.

4. Subtract line 3 from line 2 (95% of total minus Amount from EI) \$ _____ 4.

5. Housing Allowance (Manse Rental Value)	\$ _____	5a.	
Utilities (Actual amount)	\$ _____	5b.	
 Total	 \$ _____		 \$ _____ 5.

6. Subtract line 5 from line 4 \$ _____ 6.

Here is how the partnership works (Transfer the amounts on the above lines down here)

Line 3 \$ _____ - paid to you by Federal Employment Insurance

Line 5 \$ _____ - paid to you by your congregation as Manse or Housing Allowance & Utilities

Line 6 \$ _____ - paid to you by your employer, then reimbursed by the Health and Dental Plan

Total \$ _____ - add up these three lines, and they should equal the amount on line 2.

I CERTIFY THAT THIS IS A TRUE STATEMENT _____
(treasurer or person completing claim)

Effective July 1, 2007, a \$2000 lump sum payment for 27 weeks of leave, or prorated amount for a shorter leave, will be paid to congregations that pay a housing allowance or provide a manse during a maternity leave or parental leave. (2007 A&P pg. xx). The lump sum will be added to the final payment.

Date of payment: _____ Total Weeks of Leave: _____ Payment: _____ Cheque#: _____