

**Request to shorten parental leave
(General)**

Name:		C Number:	
Position:			
School/Office:			
Employee parental leave details			
Original Leave Period	Start date:	End date:	Total weeks:
I wish to shorten my original leave period (see original dates above) and return to work on or around..... (Insert date).			
Additional Information			
Additional comments (if any):			
Employee signature:		Date:	
Employer response			
<input type="checkbox"/> I am able to accommodate your request to shorten your parental leave and I confirm that your new return to work date is OR <input type="checkbox"/> I am unable to accommodate your request to shorten your parental leave and I confirm that your return to work date remains			
Additional comments (if any):			
Employer signature:		Date:	