



LABOURERS' INTERNATIONAL UNION OF
NORTH AMERICA
LOCAL 837

CLAIM FOR PARENTAL LEAVE – EFFECTIVE JANUARY 1, 2025

Instructions to member:

1. Complete Part "A"
2. Have your employer complete and sign part "B"
3. Provide Birth Certificate or a temporary health card from the hospital advising of the name and date of birth of your child.
4. Return the completed forms and required paperwork to:

LiUNA Local 837
170 Jackson St. East
Hamilton, ON L8N 1L4

The maximum benefit payable shall be \$200.00 per day up to a maximum of 5 consecutive business days (excluding weekends) from the date of birth of the child.

Part A- To be completed by member

Member's Name: _____

Member's SIN: _____

Member's Address: _____

Member's Contact #: _____

Name of Child: _____

Relationship to Member: _____

Date of Birth: _____

Note: The parental leave benefit is taxable income for which you will receive a T4A

I hereby claim the parental leave benefit payable to me by the Labourers' Union Local 837 Benefit Trust and declare that the information is true.

Member's Signature

Date

Part B- To be completed by the Payroll Officer of the company:

Member's Name: _____

Member's SIN: _____

Please list *unpaid* day(s) absent from work due to the birth of a child (maximum of 5 consecutive business days *allowed from the date of birth of the child* excluding weekends):

DAY 1: _____

DAY 2: _____

DAY 3: _____

DAY 4: _____

DAY 5: _____

I hereby declare that the above member had a loss of earnings due to the birth of a child.

Name of Company (Please Print)

Name & Title of Payroll Officer (Please Print)

Contact Number

Signature of Payroll Officer

Date: _____

January 1, 2024