



## Maternity Leave Verification Form

This form is to verify that the spouse is on maternity leave. The Maternity Leave Verification Form should be filled out and signed by the spouse's employer.

RE: Family ID# \_\_\_\_\_ Family Name: \_\_\_\_\_

Name of the Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

This is to certify that \_\_\_\_\_ holds the position of  
(Employee Name)  
\_\_\_\_\_ and will be on paid **OR** unpaid (circle one) maternity leave.

Start date of maternity leave: \_\_\_/\_\_\_/\_\_\_

Date of anticipated return to work: \_\_\_/\_\_\_/\_\_\_

Pay rate while on maternity leave: \$\_\_\_\_\_  hourly  weekly  bi-weekly  semi-monthly  monthly

Pay rate after maternity leave: \$\_\_\_\_\_ Number of work hours per week: \_\_\_\_\_

Pay Frequency:  hourly  weekly  bi-weekly  semi-monthly  monthly

\_\_\_\_\_  
Name of the personnel officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of the personnel officer

\_\_\_\_\_  
Date

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\*Please note: Spouse must submit one month's worth of paystubs within 60 days of returning from maternity leave.

\_\_\_\_\_  
Signature of Spouse/Sponsor

\_\_\_\_\_  
Date