



**LEAVE OF ABSENCE (LOA) REQUEST FORM  
Maternity & Parental**

Please complete this form to request a leave under the CF Industries (the “Company”) Paid Maternity and Parental Leave Policy for maternity and parental leaves. Provide the completed form to Human Resources **ninety (90) days** prior to the beginning of your scheduled leave date.

To participate in CF Industries’ top-up for maternity and parental leaves, please understand the following:

1. CF top-up maternity and parental leave benefits are only available as a result of birth or adoption of a child.
2. Only full-time permanent personnel are eligible to access CF Industries top-up program provided they have:
  - Completed one (1) full year of active service with the Company.
  - Provided Human Resources with a copy of this form – completed and approved – at least **ninety (90) days** prior to your scheduled leave date.
3. The top-up (paid) portion of the leave provided by the Company must be used in full within six (6) consecutive months of birth or adoption.
4. The first statement of EI earnings must be provided to Human Resources as soon as possible for top-up calculation.

**Please complete the below fields to request a CF maternity or parental leave of absence**

I, \_\_\_\_\_ (Employee Name), have read and understand the content and requirements of the Paid Maternity and Parental Leave Policy for parental and maternity leaves. I understand that my request for leave is subject to departmental/HR approval based on business needs.

<b>Employee Name (Please Print)</b>	
<b>Employee ID</b>	

<b>Anticipated Start Date of Leave:</b>	<b>Anticipated Date of Return to Work:</b>
Select your leave from one of the following options: <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Maternity – Paid</b> (In conjunction with EI earnings, CF top-up to 100% up to 13 weeks.)</li> <li><input type="checkbox"/> <b>Parental – Paid</b> (In conjunction with EI earnings, CF top-up to 100% up to 2 weeks.)</li> <li><input type="checkbox"/> <b>Maternity/Parental – Unpaid</b></li> </ul>	

<b>Employee Signature:</b>	<b>Date:</b>
<b>Supervisor Approval:</b>	<b>Date:</b>
<b>Manager Approval:</b>	<b>Date:</b>
<b>HR Approval:</b>	<b>Date:</b>
To Be Completed by HR (if not approved): (Provide denial reason and initial). <span style="float: right;">Date: _____</span>	

**\*\*See page 2 for important information regarding adding your new dependent child to your benefits.\*\***

Employee Name (Please Print)	
Employee ID	

**Important Information Regarding Adding Your Dependent to your CF benefits.**

When you have a qualified life event, such as birth, adoption, marriage etc., you have 30 days from the date of the event to add them to CF benefits. **If you do not add coverage within 30 days, you will not be able to make changes to your benefits until the next annual enrollment period.** You may add coverage directly in Workday within 30 days of birth or adoption. Please contact your local HR Manager if you have any questions.

Employee Acknowledgement: \_\_\_\_\_ Date \_\_\_\_\_

*This reminder has no impact on your request for Paid Parental Leave.*

To Be Completed by HR for Payroll Processing:

Bi-Weekly Base Pay Amount (100%)	Bi-Weekly Amount	Bi-Weekly Top Up Payment Amount

Coverage Start Date:

Coverage End Date:

Provide sub-periods if required for payroll:

Week	Sub-Period (added to comments)	Amount	Pay Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			