



Ministry of  
Education

# Application for Parenting Leave

Teachers' Superannuation Commission  
Room 300, 3085 Albert Street  
Regina, SK S4S 0B1  
Toll Free: 1-877-364-8202, In Regina: 787-9194

## AFFIDAVIT - Absence for Parenting

AFFIDAVIT OF \_\_\_\_\_  
Full Name

OF \_\_\_\_\_ IN THE PROVINCE OF \_\_\_\_\_,  
Place of Residence

CANADA; \_\_\_\_\_.  
Occupation

I, \_\_\_\_\_ of \_\_\_\_\_  
Full Name Place of Residence

In the province of \_\_\_\_\_, Canada, \_\_\_\_\_  
Occupation

\_\_\_\_\_  
Social Insurance Number

\_\_\_\_\_  
Teaching Certificate Number

make oath as follows:

- 1) that I make this affidavit in support of an application to the Teachers' Superannuation Commission to recognize as teaching service for pensionable credit to me in the Teachers' Superannuation Plan, a period of parenting leave consisting of \_\_\_\_\_.
- 2) that the period of parenting leave or reduction of employment time in respect of which I have made application to the Commission commenced on \_\_\_\_\_ and terminated on \_\_\_\_\_.
- 3) that immediately prior to my parenting leave I was employed by the \_\_\_\_\_ from which I resigned on \_\_\_\_\_  
Name of employing school board date
- 4) that during my leave my primary responsibility was to care for my children, and during this period I was not otherwise employed in another occupation or business and I was not in full time attendance at an educational institution.
- 5) **ENCLOSED IS A PHOTOCOPY OF THE BIRTH CERTIFICATE/ADOPTION CERTIFICATE OF THE CHILD/CHILDREN BORN/ADOPTED.**

Declared before me at the \_\_\_\_\_

of \_\_\_\_\_ in the Province

of \_\_\_\_\_ this \_\_\_\_\_ day

of \_\_\_\_\_, A.D. 20 \_\_\_\_\_

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City or Town

Signed: \_\_\_\_\_  
J.P., N.P. Solicitor or Commissioner for Oaths in  
and for the Province of \_\_\_\_\_.

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

My Commission expires \_\_\_\_\_