

# NOTIFICATION TO EMPLOYER

## Leave for End of Pregnancy under the Labour Standards Code

(Employee whose pregnancy has ended)



This form is for eligible employees who are seeking leave because **their pregnancy ended without a live birth**.

This form only needs to be completed **if requested** by the employer. This form has been approved by the Director of Labour Standards, Department of Labour, Skills and Immigration

**Confidentiality:** The information contained in this form must be kept confidential by the employer and may not be disclosed by the employer except to employees or agents of the employer who require the information to carry out their duties OR as required by law OR with the employee's written consent.

### Part 1: To be completed by the employee seeking the leave

Name of employee seeking the leave (print):

Leave Information - Indicate the leave entitlement below that applies to you

- If your pregnancy ended before you completed your 19th week of pregnancy, you are entitled to a leave of absence of up to 5 consecutive working days.
- If your pregnancy ended after you completed the 19th week of pregnancy, you are entitled to a leave of absence of up to 16 consecutive weeks.
- If your **pregnancy ended while you were on pregnancy leave**, and you had taken more than 10 weeks of pregnancy leave when your pregnancy ended, you are entitled to up to 6 additional weeks of leave from the day your pregnancy ended. If you are not extending your leave beyond 16 weeks from the start of your pregnancy leave, you do not need to complete this form.

Start date of the leave:

End date of the leave:

If you are eligible for, and taking, more than 5 days of leave, a legally qualified medical practitioner must complete Part 2 of this form. Part 2 does not need to be completed if you are taking 5 or less days of leave.

*By signing below, I confirm that the information provided about my entitlement to leave for end of pregnancy is accurate.*

Signature:

Date:

If you have questions about leave for end of pregnancy – including questions about this form – email the Labour Standards Division at [labourstandards@novascotia.ca](mailto:labourstandards@novascotia.ca) or call 1-888-315-0110 (toll free within Nova Scotia).

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#### Part 2: To be completed by a legally qualified medical practitioner

If the employee's pregnancy ended after the completion of their 19th week of pregnancy, and the employee is seeking more than 5 days of End of Pregnancy Leave, Part 2 must be completed by any of the following medical professionals registered to practice in Nova Scotia or another Canadian jurisdiction: physician, registered nurse, licensed practical nurse, nurse practitioner, midwife, or physician assistant.

Name of individual whose pregnancy ended (print):

*By signing below, I confirm that the named individual's pregnancy ended without a live birth after the completion of their 19th week of pregnancy.*

Signature:

Date:

Name (print):

Position/Title:

Organization:

Phone: