



Parental Leave Fund Weekly Declaration of Earned Income

Please use this form to report your gross weekly earnings during your maternity leave and email or fax to the address below:

Last Name: _____ First Name: _____

DATES* dd/mm/yyyy)		PROFESSIONAL INCOME EARNED		
From	To	Payments for Insured Medical Services**	Other**	If Other Please Specify

* complete week off in a row – ie Sunday - Saturday

** If you started your leave mid-week, enter the gross earnings you received after your leave started. If you are ending your leave mid-week, enter the gross earnings you received before returning to work.

I have returned to work on a permanent basis? Yes No

If yes, on what date did you return to work? _____

This discloses all my earnings from medical services provided during the weeks indicated.

Signature: _____ Date: ____/____/____
 (dd/mm/yyyy)

**Saskatchewan Medical Association, 201-2174 Airport Drive, Saskatoon, SK S7L 6M6
 Phone: (306) 244-2196 or 1-800-667-3781 Fax: (306) 653-1631 Email: sma@sma.sk.ca**