

## PART A: Employee Information

Original Application     Amendment to Application

Last Name		First Name		Employee ID	
Address			City		Province
Postal Code					
Email		Telephone		College/Department	
Employee Group <input type="checkbox"/> ASPA <input type="checkbox"/> CUPE 1975 <input type="checkbox"/> Exempt <input type="checkbox"/> Senior Administration			Length of Service at the University		Length of Time in Present Position
Supervisor Name			Email		Telephone
Please explain the purpose of your leave					
If you are amending your application, please state the reason for the amendment:					

## PART B: Deferral Information

The Deferral Period can start on either the first day of January or the first day of July, following approval of the application. The Deferral Period cannot be less than two years and cannot exceed six years.

### Deferral Deductions will take place

From (mm/dd/yyyy)	To (mm/dd/yyyy)
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### % of Deferred Salary

Please indicate the percentage of salary that the employee will elect to defer per pay period in each calendar year per.

DEFERRAL PERIOD	NO. OF PAY PERIODS DEFERRAL BEING MADE	% OF NORMAL GROSS PAY TO BE DEFERRED
Year One		%
Year Two		%
Year Three		%

DEFERRAL PERIOD	NO. OF PAY PERIODS DEFERRAL BEING MADE	% OF NORMAL GROSS PAY TO BE DEFERRED
Year Four		%
Year Five		%
Year Six		%

### Notes:

- There are 24 pay periods/calendar year.
- Normal gross pay means an employee's regular salary, including any retroactive salary, but excluding overtime, shift differentials, temporary performance of higher level duty pay and other special payments.
- Percentage of salary to be deferred cannot be less than 10% and cannot exceed 33%.
- Interest earned is payable annually effective December 31.
- Any unpaid leave of absence during the Deferral Period will reduce the annual contribution to the deferred amount.

## PART C: Leave Period

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The Leave of Absence must be planned to immediately follow the Deferral Period.

### Leave of Absence

From (mm/dd/yyyy)	To (mm/dd/yyyy)
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## PART D: Leave Period

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I have read and hereby agree to the terms and conditions of the Deferred Salary Leave Plan. I have fully explained the purpose for which the leave is being requested. Upon approval of my application, I authorize the deductions from my normal gross pay as specified in this application.

Signature	Date (mm/dd/yyyy)
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## FOR OFFICE USE ONLY

### Approval Process

Supervisor's Recommendation <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	Director/Department Head's Recommendation <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
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If the Director/Department Head is not recommending an employee's participation in the Plan, please attach a written explanation to this application and forward it to your HR SBA.

Please forward all copies of this form to your HR SBA.

Supervisor Name	Signature	Date (mm/dd/yyyy)
Director/Department Head Name	Signature	Date (mm/dd/yyyy)