



**Deferred Salary Leave Plan (DSLPL)
Application to Participate**

Name: _____ SIN: _____
(please print) Surname Given Name

Department: _____ Employee No: A _____

_____ Length of Deferral Period (maximum 72 months or 6 years)
 _____ Length of Leave of Absence (minimum 6, maximum 12 full calendar months)
 _____ Deferral Period Start Date – (Refer to Payroll cut-off schedule
 (dd/mm/yyyy) for Payroll Period start date)
 _____ Leave of Absence Start Date
 (dd/mm/yyyy)

Deferred Percentage. (Minimum 10%, maximum 33 1/3 % of gross bi-weekly salary)

- 10% 20% 30%
 15% 25% 33 1/3%

- The main purpose of the DSLP is to permit the participant to fund a leave of absence, not to provide benefits to the participant on or after retirement.
- I have read and understood the information provided in the Deferred Salary Leave Plan.

I hereby make application to participate in the Deferred Salary Leave Plan

_____ Employee's Signature
(dd/mm/yyyy)

Application Reviewed and Recommended:

_____ Supervisor _____ Print Name
(dd/mm/yyyy)

_____ Department Head _____ Print Name
(dd/mm/yyyy)

For Use by Human Resources Only	
Date received by Human Resources: _____	
Approved _____	Not Approved _____
_____ Date	_____ Director, Human Resources

Important Note: Once approved, a completed Contract of Participation must be completed and received by Human Resources no later than four (4) weeks prior to the commencement of the Deferral Period, in accordance with Section 4.4 of the Plan.