



**Deferred Salary Leave Plan (DSLPL)
Request for Withdrawal**

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

Department: _____ Employee No: A _____

- A Request for Withdrawal from the DSLP may be submitted up to three (3) months prior to taking the leave of absence
- A Participant who withdraws from the DSLP is required to wait a minimum of twelve (12) months before applying to participate in the DSLP again.
- In all cases, where a Participant withdraws from the DSLP, the Participant shall be paid a lump sum amount equal to the accumulated Deferred Salary plus any accrued interest not already paid; less required tax withholdings, CPP, and pension contributions. A lump sum payment shall be made to the participant within sixty (60) calendar days of withdrawal from the DSLP.

Previously Scheduled Leave of Absence Start Date _____
(dd/mm/yyyy)

Resume Nominal Salary on the Pay Period beginning _____
(Refer to the Payroll Cut-off schedule.) (dd/mm/yyyy)

I hereby request to withdraw from the Deferred Salary Leave Plan

(dd/mm/yyyy) Employee's Signature

Request Reviewed:

(dd/mm/yyyy) Supervisor Print Name

(dd/mm/yyyy) Department Head Print Name

Request Received by Human Resources:

(dd/mm/yyyy) Human Resources Print name

Office Use Only

Received by Payroll

Date	Signature	Print Name
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Last Deferred Salary deduction: _____
Date

Received by Reporting & Audit

Date	Signature	Print Name
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Details of Participant Account - Termination

Balance of Deferred Salary _____

Accumulated interest not paid out _____

Total due to Participant (before deductions) _____

Notes:

Payment authorized by:

Date	Signature	Print Name
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Received by Payroll for final lump sum payment

Date	Signature	Print Name
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Date for lump sum payment _____
Date