## Deferred Salary Leave Plan (DSLP) Notification of Leave

## Instructions

This form is to be completed by the participant <u>at least 4 weeks prior</u> to going on the Deferred Salary Leave. The leave of absence start date is the date that you provided on your application form. Please confirm the start date of your leave with your manager at least 3 months prior to taking the leave. <u>Send the completed form to Compensation Services and it will be forwarded to CUMIS for processing.</u>

## **Please Print**

Employee Last Name	First Name		Initial	Social Insurance Number	
Employee Home Mailing Address			City		
Province	Postal Code		Employ	ee Number	
Date of Final Payday Deduction					
Leave of Absence Start Date		Leave of Absence Return Date			

Paymen	t Instructions					
Payment frequency:		Cash Payment Instructions:				
	Monthly	□ Cheque(s) requested				
	Quarterly	Direct Deposit - If you would like the payments deposited directly into your bank account please complete the information below:				
	Lump Sum					
		Name of your Financial Institution:				
		Address				
		Bank Number Transit Number Bank Account Number				
		(3 digits) (5 digits) (Maximu	um 12 Digits)			
		Note: Please attach a void cheque for account verification purposes.				

## **Employee Certification**

- I have read the Plan Details of the DSLP and understand and agree to the terms and conditions of the Plan.
- I understand that during the leave period, I cannot receive any salary from my Employer, other than the amounts deferred.
- I understand that following a leave of absence, a participant must return to employment for a period equal to the length of the leave.

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