

# DEFERRED SALARY LEAVE PLAN MEMORANDUM OF AGREEMENT

Date of Application \_\_\_\_\_

**A. Employee Information**

Employee's Name \_\_\_\_\_ Employee # \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Birth date \_\_\_\_\_ SIN \_\_\_\_\_

Department \_\_\_\_\_ Classification \_\_\_\_\_

Phone No. \_\_\_\_\_ Length of Time in Present Position \_\_\_\_\_ Length of Service with Employer \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Identify and Explain the Purpose of the Leave \_\_\_\_\_

If you are amending your application, please state the reason for the amendment: \_\_\_\_\_

**B. Deferral Information**

1. The Deferral Period may commence on the first pay period following the date of approval of the application. The Deferral Period cannot be less than one (1) year and cannot exceed six (6) years.
2. Deferral from normal gross pay will commence with salary payable for the bi-weekly pay period beginning \_\_\_\_\_, 20\_\_ for a period of \_\_\_\_\_ years.
3. The Deferral Period will involve \_\_\_\_\_ pay periods.
4. The percentage of salary I elect to defer per pay period per calendar year is identified below:

Deferral Period	No. of Pay Periods Deferral Being Made	% of Normal Gross Pay to be deferred
1 <sup>st</sup> Year		%
2 <sup>nd</sup> Year		%
3 <sup>rd</sup> Year		%
4 <sup>th</sup> Year		%
5 <sup>th</sup> Year		%
6 <sup>th</sup> Year		%

**Notes:**

- 1. 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.
- 2. Percentage of salary to be deferred cannot be less than 16⅔% and cannot exceed 33⅓%.
- 3. Interest earned is payable annually effective December 31st.
- 4. Any unpaid leave of absence during the Deferral Period will reduce the annual contribution.

**C. Leave Period**

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

The employee's Leave of Absence will commence on \_\_\_\_\_, 20\_\_ and terminate on \_\_\_\_\_, 20\_\_.

**D. Authorization**

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.

\_\_\_\_\_ (Date) \_\_\_\_\_ (Signature)

**E. Approval Process**

**Supervisor/Manager's Recommendation:** \_\_\_\_\_ Recommended \_\_\_\_\_ Not Recommended

**Supervisor/Manager's Name** \_\_\_\_\_  
(Please print name)

\_\_\_\_\_ (Date) \_\_\_\_\_ (Signature)

**Employing Authority's Recommendation:** \_\_\_\_\_ Recommended \_\_\_\_\_ Not Recommended

**Employing Authority's Name** \_\_\_\_\_  
(Please print name)

\_\_\_\_\_ (Date) \_\_\_\_\_ (Signature)

If the Employing Authority is not recommending an employee's participation in the Plan, please attach a written explanation to this application and return it to Human Resources.

Please forward copies of this form to Human Resources and to the Director, Compensation Services.

**Director, Public Sector Compensation Decision:** \_\_\_\_\_ Approved \_\_\_\_\_ Denied

\_\_\_\_\_ (Date) \_\_\_\_\_ (Signature)