

DEFERRED SALARY LEAVE PLAN
MEMORANDUM OF AGREEMENT

NAME: _____

ADDRESS: _____

SOCIAL INSURANCE # _____

DATE OF BIRTH: _____

I have read the terms and conditions of the Deferred Salary Leave Plan (the "Plan") and understand same and I agree to participate in the Plan under the following terms and conditions:

1. Enrolment Date

My enrolment in the Plan shall become effective commencing _____ 20 _____, and deductions from my salary under paragraph 4 below shall begin on that date.

2. Number of Years of Participation

I shall participate in the Plan for _____ years (not to exceed six (6) years, including deferrals in paragraph 3), and my leave of absence shall immediately follow thereafter subject to the provisions of paragraph 3 below.

3. Period of Leave

I shall take my leave of absence from _____, 20 ____ to _____, 20 ____ but I shall have the right to postpone such leave for twelve (12) months and the college shall have the right to defer such leave for up to twelve (12) months.

4. Funding of the Leave of Absence

I direct that the college withhold _____ per cent (not to exceed the thirty-three and one-third [33 1/3] per cent my annual compensation amount during my participation in the Plan.

I understand that by written notice given to the board one (1) month before my anniversary in the Plan, I may alter the percentage amount.

5. Return to Employment

I understand I must return to employment with the college for a period of time not less than the period of leave.

6. I understand the Plan is not established to provide benefits on or after my retirement.

Date _____

Employee's Signature _____

AGREED BY THE COLLEGE

Per: Authorized Signatory

Per: Authorized Signatory

APPENDIX H

DEFERRED SALARY LEAVE APPLICATION, AGREEMENT, AND APPROVAL FORM

I have read and I understand the terms and conditions of Article 7.12 of the Common Agreement the provisions of the [institution name] Deferred Salary Leave Plan, between the union and the employer governing the Deferred Salary Leave Plan. I agree to participate in the Plan subject to its rules and on the following specific conditions:

Enrolment Date: My enrolment in the Plan shall become effective _____, 20____

Year of Leave: I propose to commence my leave (yy/mm/dd), upon the approval of the employer, for a period of _____ months (up to one year).

Funding of the Leave: To accomplish the funding of the leave I hereby authorize the following amounts be withheld from my current compensation effective the date of my enrolment in the Plan:

First Year _____ %

Second Year _____ %

Third Year _____ %

Fourth Year _____ %

Number of additional year _____

Percentage per additional year _____

The participant may, by written notice to the employer prior to the anniversary date in any year, alter the percentage amounts for that and any subsequent year subject to the provisions [institution name] of the Deferred Salary Leave Plan Memorandum.

Signature of Applicant

Date

The employer hereby approves the above noted employees participation in the Deferred Salary Leave Plan

Signature of Employer

Date