

The University of Western Ontario
DEFERRED SALARY LEAVE PLAN
APPLICATION AND AGREEMENT

PART 1 - EMPLOYEE APPLICATION AND AGREEMENT:

I have read and agree to the terms and conditions of the **Deferred Salary Leave Plan** as outlined in the official plan document and hereby apply for leave as follows:

- a) I request a Leave Period of _____ months to commence effective the first day of _____, 20____ and ending the last day of _____ 20_____.
- b) I request to receive a reduced salary effective from the first day of ____20____ to the end of the month preceding the first month of the Leave Period.
- c) The amount of the deferred salary is equal to _____% of my regular annual earnings.
- d) I agree to return to the University for full-time employment immediately following the Leave Period for a work period equal to the Leave Period.
- e) I agree to continue my statutory deductions based on the actual salary received during the Deferral Period.
- f) I agree to continue my University benefit deductions based on my full time regular salary during the Deferral Period.
- g) I elect or do not elect to contribute the full costs (University and my share) of the pension and benefit programs during my Leave Period. Note that if you do not elect to continue your benefit contributions, your group benefit coverage will cease during your Leave Period.

Employee Name: _____ Employee Number: _____

Department: _____

Employee Position: _____

Signature: _____ Date: _____

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PART 2- DEAN OR BUDGET HEAD APPROVAL

I hereby approve of the Leave Period as requested by the employee.
The department has agreed to place the employee in the same position or a comparable one in terms of work setting, responsibility and pay, on their return from the Leave Period.

Signature: _____ Date: _____
Dean or Budget Head