



**Deferred Salary Leave Plan (DSLPL)**  
**Application to Participate**

Name: \_\_\_\_\_ SIN: \_\_\_\_\_  
(please print)      Surname      Given Name

Department: \_\_\_\_\_ Employee No: \_\_\_\_\_

\_\_\_\_\_ Length of Deferral Period (maximum 72 months or 6 years)

\_\_\_\_\_ Length of Leave of Absence (minimum 6, maximum 12 full calendar months)

\_\_\_\_\_ Deferral Period Start Date  
(dd/mm/yyyy)

\_\_\_\_\_ Leave of Absence Start Date  
(dd/mm/yyyy)

Deferred Percentage. (Minimum 10%, maximum 33 1/3 % of gross bi-weekly salary)

- |                              |                              |                                   |
|------------------------------|------------------------------|-----------------------------------|
| <input type="checkbox"/> 10% | <input type="checkbox"/> 15% | <input type="checkbox"/> 20%      |
| <input type="checkbox"/> 25% | <input type="checkbox"/> 30% | <input type="checkbox"/> 33 1/3 % |

- The main purpose of the DSLP is to permit the participant to fund a leave of absence, not to provide benefits to the participant on or after retirement.
- I have read and understood the information provided in the Deferred Salary Leave Plan

**I hereby make application to participate in the Deferred Salary Leave Plan**

\_\_\_\_\_  
(dd/mm/yyyy)      Employee's Signature

**Application Reviewed and Recommended:**

\_\_\_\_\_  
(dd/mm/yyyy)      Supervisor Signature      Print Name

\_\_\_\_\_  
(dd/mm/yyyy)      Department Head      Print Name

<b>For Use by Human Resources Only</b>	
Date received by Human Resources: _____	
_____ Date	_____ Director, Human Resources
Entered by Payroll: _____	Signature _____



## Deferred Salary Leave Plane (DSLP) Contract of Participation

Agreement entered into by

St. Francis Xavier University, hereinafter designated as “the University”

<input type="checkbox"/> Original Contract
<input type="checkbox"/> Revised Contract

And \_\_\_\_\_  
(please print)      Surname      Given Name

SIN: \_\_\_\_\_

\_\_\_\_\_  
Address

Employee No: \_\_\_\_\_

Hereinafter designated as “the Participant”

### Duration of the Contract

1. This contract shall come into force on \_\_\_\_\_ and shall expire on the last day of the Deferred Salary Leave. (Original Contract Date)
2. The duration of the Deferral Period shall be \_\_\_\_\_ months. (maximum 72 months or 6 years from the original contract date).
3. The Leave Period shall be \_\_\_\_\_ months, that is, from \_\_\_\_\_ to \_\_\_\_\_. (minimum 6, maximum 12 full calendar months). (dd/mm/yyyy) (dd/mm/yyyy)

### Salary

4. During the Deferral Period, the Participant authorizes the University to deduct from each pay an amount equal to: (*check one*)

<input type="checkbox"/> 10%	<input type="checkbox"/> 15%	<input type="checkbox"/> 20%
<input type="checkbox"/> 25%	<input type="checkbox"/> 30%	<input type="checkbox"/> 33 1/3 %

of their gross bi-weekly salary to be held, invested, and administered under the DSLP. The amount deducted may be altered once each calendar year, by completing a revised contract of participation.

5. Payroll deductions shall begin on the Pay Period beginning \_\_\_\_\_. (dd/mm/yyyy)
6. During the Leave Period, the Participant may not receive any remuneration, other than the Deferred Salary, from the University or from any other person or organization with whom the University does not deal at arm’s length.

### Terms and Conditions

7. The employee agrees that they have read and understood the information provided in the Deferred Salary Leave Plan, and agree to the terms and conditions of the DSLP.
8. The University is not liable for, and is released from, any and all claims which arise, directly or indirectly, in connection with this DSLP and is not limited to the Plan’s effect on pension provisions, employment insurance, income tax, long term disability, life insurance and other benefit programs.

**IN TESTIMONY THEREOF, the parties have signed in Antigonish, Province of Nova Scotia, this \_\_\_\_\_ day of the month of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
For St. Francis Xavier University

\_\_\_\_\_  
Participating Employee

\_\_\_\_\_  
Witness

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)



## Deferred Salary Leave Plane (DSLPL) Request for Suspension

Name: \_\_\_\_\_  
(please print)      Surname      Given Name

SIN: \_\_\_\_\_

Department: \_\_\_\_\_

Employee No: \_\_\_\_\_

- The Participant may on one (1) occasion while they are participating in the Plan, give one (1) months written notice to the University that they wish to suspend participation in the Plan for a period of up to twelve (12) months. Following such notice, the University shall pay the Participant their Nominal salary as if they were not participating in the Plan for the requested period. The balance of the Participant Account will be held by the University until the Participant withdraws from the Plan or begins the Leave Period.
- The Participant's participation in the Plan will be reinstated commencing the first pay which immediately follows the period for which their participation has been suspended.
- Suspension of participation in the Plan will not change the commencement date established for the Deferred Salary Leave, except with the permission of the University. In no event will the Deferral Period exceed six (6) years from the date of enrolment in the Plan.

Suspend DSLPL Deductions on the Pay Period beginning \_\_\_\_\_  
(dd/mm/yyyy)

Resume DSLPL Deductions on the Pay Period beginning \_\_\_\_\_  
(dd/mm/yyyy)

Upon resuming DSLPL deductions, the employee authorizes the University to deduct an amount, on each pay, equal to: (check one)

- |                              |                              |                                   |
|------------------------------|------------------------------|-----------------------------------|
| <input type="checkbox"/> 10% | <input type="checkbox"/> 15% | <input type="checkbox"/> 20%      |
| <input type="checkbox"/> 25% | <input type="checkbox"/> 30% | <input type="checkbox"/> 33 1/3 % |

of their gross bi-weekly salary to be held, invested, and administered under the DSLPL.

**I hereby request to suspend participation in the Deferred Salary Leave Plan for a period of \_\_\_\_\_ months (maximum twelve (12) months).**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

**For Use by Human Resources Only**

Date received by Human Resources: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Human Resources

Entered by Payroll: \_\_\_\_\_

Signature \_\_\_\_\_



## Deferred Salary Leave Plane (DSLPL) Request for Withdrawal

Name: \_\_\_\_\_  
*(please print)*      Surname      Given Name

SIN: \_\_\_\_\_

Department: \_\_\_\_\_

Employee No: \_\_\_\_\_

- A Request for Withdrawal from the DSLPL may be submitted up to three (3) months prior to taking the leave of absence.
- A Participant who withdraws from the DSLPL is required to wait a minimum of twelve (12) months before applying to participate in the DSLPL again.
- In all cases, where a Participant withdraws from the DSLPL, 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 DSLPL.

Previously scheduled Leave of Absence start date: \_\_\_\_\_  
(dd/mm/yyyy)

Resume Nominal Salary on the Pay Period beginning: \_\_\_\_\_  
(dd/mm/yyyy)

**I hearby request to withdraw from the Deferred Salary Leave Plan.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

**Request Reviewed:**

\_\_\_\_\_  
(dd/mm/yyyy)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
(dd/mm/yyyy)

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Print Name

**Request Received by Human Resources:**

\_\_\_\_\_  
(dd/mm/yyyy)

\_\_\_\_\_  
Human Resources

\_\_\_\_\_  
Print Name