

APPLICATION FOR THE DEFERRED SALARY LEAVE PLAN



To: _____
Deputy Minister / Chief Executive Officer or designate *Department / Institution or Agency*

From: _____
Surname *Given Name* *Middle Name*

Social Insurance Number *Date of Birth* *Home Phone*

Address: _____
Street *City* *Province* *Postal Code*

Work: _____
Work Location *Classification* *Bargaining Group* *Work Telephone*

Street *City* *Province* *Postal Code*

Please accept my application to enter the Deferred Salary Leave Plan as outlined in the regulations governing the plan (see *Administration Manual System AD-2408*). My application is submitted under the following conditions:

1) Effective Year of leave: _____

- a. I wish to enroll in the Deferred Salary Leave Plan with the first deferment commencing with the first pay period in (Select one):
- January 1st _____ July 1st _____
Year *Year*

b. I wish to enroll in (check one):

<input type="checkbox"/>	Contribution Period	Timing of Leave	Portion of Salary to be deferred
<input type="checkbox"/>	2 years	3 rd year	_____ %
<input type="checkbox"/>	3 years	4 th year	_____ %
<input type="checkbox"/>	4 years	5 th year	_____ %
<input type="checkbox"/>	5 years	6 th year	_____ %
<input type="checkbox"/>	6 years	7 th year	_____ %

c. I wish to purchase _____ months of leave covering the period of _____ to _____
*Month, Year* *Month, Year*

d. I understand that I may continue my Life, Accidental Death & Dismemberment, Long Term Disability, and Health and Dental coverage for up to 12 months. _____
Initials

2) The Employee shall be held harmless at any liability or action arising out of the operation of this Deferred Salary Leave Plan:

Employee Signature *Date*

3) Approved By Deputy Minister/Chief Executive Officer or Designate:

Print Name *Position Title*

Signature *Date*

Account Number (Leave blank)

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Forward to: Employee Benefits Services, Finance and Treasury Board, Fredericton, NB E3B 5H1
OR email a scanned copy to EB2934@gnb.ca