



**APPLICATION FOR THE
SELF FUNDED LEAVE PLAN
Unit A (PSSP)**

I wish to apply for enrolment in the Self Funded Leave Plan commencing September 1, 200__.

I understand that the term of this salary deferral is five years and the leave year must take place in the fifth year only, which will be **September 1, 200__ – August 31, 200__**.

I have been advised to check with Revenue Canada if I plan to earn income during my Leave Year, so that I may be aware of any restrictions or penalties to income while I am on a fifth year of a Self Funded Leave (*additional income cannot be earned from the Toronto District School Board as a temporary employee in the same, or another, capacity*).

EMPLOYEE NAME: _____ <i>Surname</i> <i>Preferred Name</i>
S.I.N.: _____ EMPLOYEE NO.: _____ <i>(Please see inside of pay stub below your name)</i>
<input type="checkbox"/> CENTRALLY-ASSIGNED <i>Region:</i> _____
<input type="checkbox"/> SCHOOL-BASED <i>Please indicate current school:</i> _____
POSITION: _____
SIGNATURE: _____

NOTED: Supervisor* _____ <i>Name – Please Print</i> <i>Signature</i>
(* Principal or Co-ordinator)

PLEASE FAX THIS COMPLETED FORM BY _____ TO:

**Staffing Officer
Employee Services, Unit A
FAX (416) 397-3519**

APPROVAL – EMPLOYEE SERVICES:	
_____	_____
<i>Name</i>	<i>Surname</i>
_____	_____
<i>Title</i>	<i>Date</i>
COPIES:	<ul style="list-style-type: none">• Employee (Form of Contract also attached for completion)• Supervisor• Pension Administrator