Toronto District School Board

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: _____ _____
Surname *Preferred Name*

S.I.N.: _____ _____ _____ EMPLOYEE NO.: _____
(Please see inside of pay stub below your name)

☐ CENTRALLY-ASSIGNED *Region:* _____

☐ SCHOOL-BASED *Please indicate current school:* _____

POSITION: _____

SIGNATURE: _____

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

PLEASE FAX THIS COMPLETED FORM BY _____ TO:

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

APPROVAL – EMPLOYEE SERVICES:

_____ _____
Name *Surname*

_____ _____
Title *Date*

COPIES:
- *Employee (Form of Contract also attached for completion)*
- *Supervisor*
- *Pension Administrator*

H04(4 over 5 application)JJ.1474500