

DEFERRED SALARY LEAVE PROGRAM NOTIFICATION OF LEAVE

INSTRUCTIONS:

- Complete Parts A, B and C.
- Send completed form to addresses listed at bottom of form at least 60 days prior to the commencement of your leave.
- If you have any questions, please call 1-877-277-0772.
- Information is also available at www.gov.bc.ca/myhr

Freedom of Information and Protection of Privacy Act (FOIPPA) – The personal information requested on this form is collected for the purpose of administering the *Public Service Benefit Plan Act* and is in accordance with the *FOIPPA* Section 26(c). Questions about the use and collection of this information can be directed to the Privacy Officer at 250-544-5594, or toll-free at 1-877-277-0772, Telus Sourcing Solutions, Block E, 2261 Keating Cross Road, Saanichton BC V8M 2A5.

PLEASE TYPE OR PRINT CLEARLY

PART A – EMPLOYEE INFORMATION

EMPLOYEE LAST NAME		FIRST NAME	MIDDLE INITIAL	SOCIAL INSURANCE NO.
EMPLOYEE HOME ADDRESS – <i>Include PO Box No.</i>			CITY	PROVINCE
			POSTAL CODE	
MINISTRY / EMPLOYER NAME		DEPARTMENT ID	EMPLOYEE ID	UNION CODE
		-		
COMMENCEMENT DATE OF LEAVE	YYYY / MM / DD	EXPECTED RETURN TO WORK DATE	YYYY / MM / DD	

PART B – DSLP FINANCIAL INSTITUTION INFORMATION

How do you want your payment disbursed?		How do you want your payment disbursed?		
<input type="checkbox"/> LUMP SUM	<input type="checkbox"/> MONTHLY PAYMENT	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> DIRECT DEPOSIT – <i>Complete Direct Deposit Authorization below</i>
PAYMENT START DATE		YYYY / MM / DD		GROSS AMOUNT
Payout of funds for lump sum withdrawals are initiated on the 1st and the 15th of the month. Payout of funds for monthly withdrawals are initiated on the 15th of each month.				\$
DIRECT DEPOSIT AUTHORIZATION (<i>to be completed by employee</i>) –		<i>Complete this section if you wish to have your lump sum/monthly payment deposited to your bank account.</i>		
CHEQUING ACCOUNT – attach a personal encoded deposit slip or a voided cheque.		BRANCH ID	INSTITUTION	ACCOUNT NO. – <i>LEFT JUSTIFY</i>
SAVINGS ACCOUNT – take this form to your bank, trust company or credit union for verification.			0	
BANK OR FINANCIAL INSTITUTION VERIFICATION – Not required if encoded cheque or deposit slip attached. Signature or bank domicile stamp confirming accuracy of transit and account number and authenticity of account signature.		BANK OR FINANCIAL INSTITUTION ADDRESS		

PART C – EMPLOYEE CERTIFICATION

- I have read the information provided on the DEFERRED SALARY LEAVE PROGRAM and understand and agree to the terms and conditions of this program. My leave period is within a minimum of 6 months to a maximum of 12 months in duration.
 - I will advise my Manager/Supervisor, in writing, of my intention to return to work at least two months before my leave of absence ends.
 - I agree that my employer is not liable for, and is released from, any and all financial claims which arise, directly or indirectly, in connection with this program.
 - I assume responsibility for the tracking and reconciling of funds dispersed.
- EMPLOYEE SIGNATURE _____ DATE SIGNED
YYYY MM DD

PART D – HUMAN RESOURCE OFFICE USE ONLY

ACTION CODE	REASON	ACTION CODE	REASON	COMMENTS / CALCULATION
LOA	DSL	DTA	RFL	
PAY OFFICE CONTACT NAME – <i>Please type or print clearly</i>				CONTACT PHONE NO. ()

PART E – PAY OFFICE USE ONLY

EARNINGS CODE	HOURS OF WORK	CHIPS EFFECTIVE DATE	CHIPS END DATE	ENTERED INTO CHIPS BY	DATE ENTERED
		YYYY MM DD	YYYY MM DD		YYYY MM DD
B14					

<p>Employee to mail original to: Group Retirement Services 255 Dufferin Avenue London ON N6A 4K1</p>	<p>Employee to forward copies to:</p> <ul style="list-style-type: none"> • BC Public Service: payroll via an AskMyHR Service Request www.gov.bc.ca/myhr/contact or • Other employers: your Human Resources Office
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