BRITISH COLUMBIA
BC Public Service

Where ideas work

DEFERRED SALARY LEAVE PROGRAM
NOTIFICATION OF LEAVE

INSTRUCTIONS: ***PLEASE TYPE OR PRINT CLEARLY***

- Complete Parts A, B and C
- BC Public Service employees **MUST send the completed form to Payroll** via an **AskMyHR Service Request**. Participants working for other employers must send the completed form to their Human Resources Office.
- All applicants **MUST also fax or mail a copy to Group Retirement Services.** Fax: 1-888-797-0071
  Mail: Group Retirement Services, 255 Dufferin Avenue, London, ON, N6A 4K1.
- If you have any questions, please call 1-877-277-0772. Information is also available at **www.gov.bc.ca/myhr**

PART A – EMPLOYEE INFORMATION

EMPLOYEE LAST NAME	FIRST NAME	MIDDLE INITIAL	BIRTHDATE (YYYY/MM/DD)	SOCIAL INSURANCE NO.

EMPLOYEE HOME ADDRESS – *Include PO box, if applicable*	CITY, PROVINCE	POSTAL CODE	PHONE NUMBER

MINISTRY / EMPLOYER NAME	DEPARTMENT ID	EMPLOYEE ID	UNION CODE	EMAIL
	–			

COMMENCEMENT OF LEAVE DATE (YYYY / MM / DD)	EXPECTED RETURN TO WORK DATE (YYYY / MM / DD)

PART B – DSLP FINANCIAL INSTITUTION INFORMATION

How do you want your payment disbursed?

☐ LUMP SUM ☐ MONTHLY PAYMENT ☐ OTHER: _____

How do you want your payment disbursed?

☐ CHEQUE ☐ DIRECT DEPOSIT – *Complete Direct Deposit Authorization below*

PAYMENT START DATE (YYYY / MM / DD)

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 *(to be completed by employee)* – *Complete this section to have your lump sum/monthly payment deposited to your bank account.*

CHEQUING ACCOUNT – attach a personal encoded deposit slip or a voided cheque.
SAVINGS ACCOUNT – take this form to your bank, trust company or credit union for verification.

BRANCH ID	INSTITUTION	ACCOUNT NO. – *LEFT JUSTIFY*

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

Wet ink signature or verified digital signature required

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 – *Please type or print clearly*

CONTACT PHONE NO. ( )

PART E – PAY OFFICE USE ONLY

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

Freedom of Information and Protection of Privacy Act (FOIPPA) This information is collected by the British Columbia Public Service under s. 26(c) of FOIPPA for the purpose of administering this program. Any questions about the collection and the use of this information can be directed in writing to the Manager, Benefit Design and Programs, BC Public Service Agency, 9404 Stn Prov Govt, Victoria BC, V8W 9V1.