

DEFERRED SALARY LEAVE PROGRAM CHANGE / CANCELLATION REQUEST

INSTRUCTIONS:

- Complete Parts A, B and C and then have your approving authority complete part D. Note that any changes you make to your program must be effective at least 60 calendar days in the future to allow time for processing this form.
- Send completed form to addresses listed at bottom of form.
- 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 – INCLUDE PO BOX NO.		CITY	PROVINCE
		POSTAL CODE	
MINISTRY / EMPLOYER NAME	DEPARTMENT ID	EMPLOYEE ID	UNION CODE
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PART B – TYPE OF REQUEST

1. CHANGE *Complete this section for a change to terms of the Deferred Salary Leave Program.*

<p>Note: Leave period is a minimum 6, maximum 12 continuous months.</p>	APPROVED START DATE YYYY / MM / DD	APPROVED END DATE YYYY / MM / DD	PROPOSED NEW START DATE YYYY / MM / DD	PROPOSED NEW END DATE YYYY / MM / DD
BI - WEEKLY DEFERRED AMOUNT Cannot exceed 33 1/3% or be less than 10% of gross bi - weekly salary	[] %	INVESTMENT OPTIONS GUARANTEED INVESTMENT CERTIFICATE Indicate percentage of deferred amount	[] %	SAVINGS ACCOUNT Indicate percentage of deferred amount
				[] %
BENEFICIARY SURNAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO EMPLOYEE	

2. CANCELLATION *Complete this section for cancellation of the Deferred Salary Leave Program.*

CANCELLATION DATE YYYY / MM / DD	I understand that by withdrawing from the program, the funds held by the financial institution on my behalf will be paid out in full, in a timely manner, within this calendar year, and I have obtained such independent legal and/or tax advice in this regard as I deemed necessary. I wish to withdraw from the Deferred Salary Leave Program for the following reason:
	<input type="checkbox"/> FINANCIAL HARDSHIP <input type="checkbox"/> OTHER: _____

PART C – EMPLOYEE CERTIFICATION

- I have read the information provided on the DEFERRED SALARY LEAVE PROGRAM and understand and agree to the terms and provisions of this program. The change in my deferral period does not exceed the maximum of 6 years from my original application and my leave commences immediately following the end of my deferral period and the duration of my leave period is within a minimum of 6 months to a maximum of 12 months.
- I understand that if monies transferred to my account are inaccurate, the funds can be recovered.
- I assume responsibility for the tracking and reconciling of funds deposited to my account.
- I authorize the payment of any / all funds to my named beneficiary in the event of death.

EMPLOYEE SIGNATURE	DATE SIGNED YYYY MM DD
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PART D – MINISTRY / EMPLOYER CERTIFICATION

DIRECTOR / EQUIVALENT SIGNATURE	DATE SIGNED YYYY MM DD
<input type="checkbox"/> RECOMMEND EMPLOYEE <input type="checkbox"/> DO NOT RECOMMEND EMPLOYEE AT THIS TIME	
APPROVING AUTHORITY SIGNATURE Approval for the employee to change the terms of the agreement or to cancel the Deferred Salary Leave Program is:	DATE SIGNED YYYY MM DD
<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	

PART E – PAY OFFICE USE ONLY

CHANGE DEDUCTION END DATE TO PRIOR PAY PERIOD YYYY MM DD	PAY OFFICE CONTACT NAME – Please type or print clearly	CONTACT PHONE NO. ()
NEW CHIPS EFFECTIVE DATE YYYY MM DD	NEW DEDUCTION END DATE YYYY MM DD	
ENTERED INTO CHIPS BY	DATE ENTERED YYYY MM DD	

Employee to mail original to: Group Retirement Services, 255 Dufferin Avenue, London ON N6A 4K1

Employee to forward copies to:

- BC Public Service: payroll via an [AskMyHR Service Request](http://www.gov.bc.ca/myhr/contact)
- Other employers: your Human Resources Office