



APPLICATION FOR SELF-FUNDED LEAVE

PART I - EMPLOYEE DATA

Surname	Given name	Initials
Mailing address		Telephone number (home)
Postal code		

PART II - EMPLOYMENT DATA

Department	Branch
Division	Section
Location	Job title
Group and level	Telephone number (work)

PART III - APPLICATION

I request leave in accordance with the Terms and Conditions described in the departmental Self-Funded Leave Policy, dated _____ which I have read.			
Duration of leave		Monthly deduction (\$)	Salary deduction start date
Leave start date →	First choice	Second choice	Third choice
I agree that her Majesty and her officers or employees shall be in no way responsible for any liability including any charges, costs or unforeseen expenses that I may incur as a result of my participation in the Self-Funded Leave Plan. I further agree that her Majesty shall have no liability whatsoever with respect to the administration and investment of funds in my self-funded leave account. I acknowledge and agree that this Agreement shall be binding upon all parties and that neither I nor my beneficiaries are permitted to assign any rights under this Agreement.			
DATED AT		THIS	DAY OF
		YEAR	
EMPLOYEE	Signature		
WITNESS	Signature	Print name	

PART IV - APPROVAL

<input type="checkbox"/> LEAVE APPROVED	From: _____	To: _____
<input type="checkbox"/> LEAVE NOT APPROVED for the following reasons: _____ _____ _____		
Responsibility Centre Manager (print name)	Responsibility Centre Manager (signature)	Date
Authorized officer (print name)	Authorized officer (signature)	Date

PART V - CONFIRMATION

Financial Institution	Self-funded leave account no.
Custodian (print name)	Custodian (signature)
	Date

IT IS UNDERSTOOD THAT THE MAIN PURPOSE OF THIS AGREEMENT IS TO PERMIT THE EMPLOYEE TO FUND, THROUGH SALARY OR WAGE DEFERRALS, A LEAVE OF ABSENCE FROM EMPLOYMENT; AND NOT TO PROVIDE BENEFITS ON/OR AFTER RETIREMENT.