



**DEFERRED SALARY LEAVE PLAN
MEMORANDUM OF AGREEMENT**

FORM 424-01

I have read and understand the terms and conditions of Administrative Procedure 415 - **Deferred Salary Leave Plan** and I agree to participate in the Plan under the following terms and conditions:

1. Commencement

My deferrals shall commence _____, 20 .

2. Number of Years of Participation

I shall participate in the plan for _____ years (not to exceed six (6) years), and my leave of absence shall immediately follow thereafter but subject to the provisions of paragraph 3 below.

3. Period of Leave

In accordance with clause 4.6 of Administrative Procedure 415, I shall take my leave of absence for the school year from September 1, 20_____, to August 31, 20_____, but I shall have the right in accordance with clause 4.5 of the Administrative Procedure to postpone such leave for twelve (12) months and the Board shall have the right, in accordance with clause 4.4 of the Administrative Procedure, to defer such leave for twelve (12) months.

4. Funding of Leave of Absence

In accordance with clause 3.1 of the Administrative Procedure, I direct that the Division withhold _____ percent (not to exceed thirty-three and one third (33 1/3) of my current compensation amount during my participation in the plan). I understand that I may, by written notice given to the Board one (1) month prior to September in any year, alter the percentage amount for the next or subsequent years.

5. The Alberta Treasury Branch (Edson) is the Administrator of deferred funds where deposits are made in accordance with this plan.

6. Service Commitment

I understand I must provide a service commitment to the Division for a period of not less than the period of leave.

Dated: _____
Participant's Signature

Agreed to by the Division:

Dated: _____
Superintendent's Signature

7. Personal Information (please print):

Name: _____ Telephone: _____

Address: _____ Birthdate: _____

S.I.N.: _____