



**Deferred Salary Leave Plan (DSLPL)  
Request for Suspension**

Name \_\_\_\_\_ SIN: \_\_\_\_\_  
(please print) Surname Given Name

Department: \_\_\_\_\_ Employee No: A \_\_\_\_\_

- The Participant may on one (1) occasion while they are participating in the Plan, give one (1) months written notice to the University that they wish to suspend participation in the Plan for a period of up to twelve (12) months. Following such notice, the University shall pay the Participant their Nominal salary as if they were not participating in the Plan for the requested period. The balance of the Participant Account will be held by the University until the Participant withdraws from the Plan or begins the Leave Period.
- The Participant's participation in the Plan will be reinstated commencing the first pay which immediately follows the period for which their participation has been suspended.
- Suspension of participation in the Plan will not change the commencement date established for the Deferred Salary Leave, except with the permission of the University. In no event will the Deferral Period exceed six years from the date of enrolment in the Plan.

Suspend DSLP Deductions on the Pay Period Beginning \_\_\_\_\_  
(dd/mm/yyyy)

Resume DSLP Deductions on the Pay Period Beginning \_\_\_\_\_  
(dd/mm/yyyy)

Refer to the  
Payroll Cut-off  
Schedule.

Upon resuming DSLP deductions, the employee authorizes the University to deduct an amount, on each pay, equal to: (check one)

- |                              |                              |                                   |
|------------------------------|------------------------------|-----------------------------------|
| <input type="checkbox"/> 10% | <input type="checkbox"/> 20% | <input type="checkbox"/> 30%      |
| <input type="checkbox"/> 15% | <input type="checkbox"/> 25% | <input type="checkbox"/> 33 1/3 % |

of their gross bi-weekly salary to be held, invested, and administered under the DSLP.

**I hereby request to suspend participation in the Deferred Salary Leave Plan for a period of \_\_\_\_\_ months (maximum twelve (12) months).**

\_\_\_\_\_ Date Employee's Signature

**For Use by Human Resources Only**

Date received by Human Resources:  
\_\_\_\_\_

\_\_\_\_\_ Date Director, Human Resources

Entered by Payroll: Date \_\_\_\_\_ Signature \_\_\_\_\_