

Please Read Carefully Before Signing

LEAVE OF ABSENCE AND DEFERRED COMPENSATION

MEMORANDUM OF AGREEMENT

TEACHER'S NAME: _____
Please Print

EMPLOYEE NO.: _____

I have read the terms and conditions of the Agreement between the Board of School Trustees of School District No. 61 (Greater Victoria) and the Greater Victoria Teachers' Association setting up the Leave of Absence and Deferred Compensation Plan and understand same and I agree to participate in the Plan under the following terms and conditions:

ENROLMENT DATE

My enrolment in the plan shall become effective for the school year commencing JULY 1, _____.

I shall take my Leave of Absence from _____ yr. ____ to _____ yr. _____, (not to be less than (6) six consecutive) but I shall have the right in accordance with Clause 4.7 to postpone such a leave for up to (12) twelve months.

FUNDING OF LEAVE OF ABSENCE

In accordance with Clause 3.1, I direct that the percentage amounts as set out in this clause (not to exceed thirty-three and one third (33 1/3) per cent) be withheld from my Current Compensation Amount with respect to my participation in the Plan for the following school years:

First Year	_____ %	Third Year	_____ %
Second Year	_____ %	Fourth Year	_____ %
Or for All Years	_____ %		

On one occasion in any school year, the Participant may, by written notice to the Board (**at least 1 month prior to the requested change**), alter the percentage amounts for that or any subsequent year in accordance with Clause 3.1.

RETURN TO EMPLOYMENT

I understand that I must return to employment with the board for a period of time not less than the period of leave.

Date: _____

Teacher's Signature

AGREED TO BY THE BOARD:

Date: _____

Human Resource Manager

*****PLEASE RETURN THIS APPLICATION TO THE HUMAN RESOURCES DEPARTMENT*****