

**Please Read Carefully Before Signing**

**LEAVE OF ABSENCE AND DEFERRED COMPENSATION**

**MEMORANDUM OF AGREEMENT**

**Administrative Officer's Name:** \_\_\_\_\_  
Please Print

**EMPLOYEE NO.:** \_\_\_\_\_

I have read the terms and conditions of the Leave of Absence and Deferred Compensation Plan and understand same and I agree in my capacity as an Administrative Officer 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:** \_\_\_\_\_

\_\_\_\_\_  
**Administrative Officer's Signature**

**AGREED TO BY THE BOARD:**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Human Resource Manager**

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