

DEFERRED SALARY LEAVE PROGRAM NOTIFICATION OF LEAVE

INSTRUCTIONS:

- This form is to be completed by the employee three months prior to going on their leave without pay from the Deferred Salary Leave Program.
- For further information, contact the Benefits Service Centre toll-free at 1 877 277-0772.
- Information is also available on these Internets:
www.bcpublicservice.ca/benefits, www.icbcweb.com,
and www.homeweb.bchmc.bc.ca

Freedom of Information and Protection of Privacy Act (FOIPPA) – The personal information requested on this form is collected for the purpose of administering the *Public Service Benefit Plan Act* and is in accordance with the *FOIPPA*. Questions about the use and collection of this information can be directed to the FOI Designate at 250 544-5400, or toll-free at 1 877 277-0772, Telus Sourcing Solutions, Block E, 2261 Keating Cross Road, Saanichton BC V8M 2A5.

PLEASE TYPE OR PRINT CLEARLY
PART A – EMPLOYEE INFORMATION

EMPLOYEE LAST NAME		FIRST NAME	MIDDLE INITIAL	SOCIAL INSURANCE NO.
EMPLOYEE HOME ADDRESS – <i>Include PO Box No.</i>		CITY	PROVINCE	POSTAL CODE
MINISTRY / EMPLOYER NAME		DEPARTMENT ID	EMPLOYEE ID	UNION CODE
COMMENCEMENT DATE OF LEAVE		EXPECTED RETURN TO WORK DATE		
YYYY / MM / DD		YYYY / MM / DD		

PART B – DSLP FINANCIAL INSTITUTION INFORMATION

How do you want your payment disbursed?		How do you want your payment disbursed?	
<input type="checkbox"/> LUMP SUM	<input type="checkbox"/> MONTHLY PAYMENT	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> DIRECT DEPOSIT – <i>Complete Direct Deposit Authorization below</i>
PAYMENT START DATE		GROSS AMOUNT	
Payout of funds for lump sum withdrawals are initiated on the 1st and the 15th of the month. Payout of funds for monthly withdrawals are initiated on the 15th of each month.		\$	
YYYY / MM / DD			
DIRECT DEPOSIT AUTHORIZATION (<i>to be completed by employee</i>) – <i>Complete this section if you wish to have your lump sum/monthly payment deposited to your bank account.</i>			
CHEQUING ACCOUNT – attach a personal encoded deposit slip or a voided cheque.		BRANCH ID	ACCOUNT NO. – LEFT JUSTIFY
SAVINGS ACCOUNT – take this form to your bank, trust company or credit union for verification.		0	
BANK OR FINANCIAL INSTITUTION VERIFICATION		BANK OR FINANCIAL INSTITUTION ADDRESS	
– Not required if encoded cheque or deposit slip attached. Signature or bank domicile stamp confirming accuracy of transit and account number and authenticity of account signature.			

PART C – EMPLOYEE CERTIFICATION

- I have read the information provided on the DEFERRED SALARY LEAVE PROGRAM and understand and agree to the terms and conditions of this program.
- I agree that my employer is not liable for, and is released from, any and all financial claims which arise, directly or indirectly, in connection with this program.
- I assume responsibility for the tracking and reconciling of funds dispersed.

EMPLOYEE SIGNATURE	DATE SIGNED
	YYYY MM DD

PART D – HUMAN RESOURCE OFFICE USE ONLY

ACTION CODE	REASON	ACTION CODE	REASON	COMMENTS / CALCULATION
LOA	DSL	DTA	RFL	
PAY OFFICE CONTACT NAME – <i>Please type or print clearly</i>				CONTACT PHONE NO.
				()

PART E – PAY OFFICE USE ONLY

EARNINGS CODE	HOURS OF WORK	CHIPS EFFECTIVE DATE	CHIPS END DATE	ENTERED INTO CHIPS BY	DATE ENTERED
B14		YYYY MM DD	YYYY MM DD		YYYY MM DD