Wolf Creek Public Schools
Creating Success For All Learners

6000 Highway 2A
Ponoka, AB T4J 1P6
403-783-3473

Form 412-1 *v. 2019*

DEFERRED SALARY LEAVE PLAN APPLICATION

I have read the terms and conditions of the Division Deferred Salary Leave Plan (the Plan) and understand same and agreed to be bound by the terms and conditions set out in the Plan and this Enrollment Application if my application for participation in the Plan is accepted by the Superintendent. I hereby, for myself, my heirs, executors, personal representatives, and administrators agree to and do hereby indemnify and save the Board of Trustees of Wolf Creek Public Schools, its elected officials, servants, agents, employees and insurers (the Indemnitees) harmless from and against any and all liability for any claims, actions, causes of action, loss, damage, costs, expenses, fines, levies, or charges which may be brought against or incurred by the Indemnitees or any of them which may be brought or made by me, anyone acting on my behalf, or by any third party arising from or relating, either directly or indirectly, to my participation in the Plan. I agree that I am solely responsible for all Income Tax, Canada Pension Plan, Employment Insurance and other consequences of my participation in the Plan and the foregoing indemnification applies to such manners.

1. Enrolment Date

   My enrolment in the Plan shall become effective commencing _____/_____/_____
   (day/month/year)

2. Number of Years of Participation

   I shall participate in the Plan for_____ years (not to exceed five (5)), and my Leave of Absence shall immediately follow thereafter, subject to the provisions of Section 3 below.

3. Year of Leave

   In accordance with clause 4.6 of the Plan, I shall take my Leave of Absence from _____/_____/_____ (d/m/y) to _____/_____/_____ (d/m/y), but I shall have the right, in accordance with clause 4.5 of the Plan, to postpone such leave for twelve (12) months and the Division shall have the right to defer such leave for twelve (12) months, in accordance with clause 4.4 of the Plan.

4. Funding of Leave of Absence

   Note: To be completed for the years up to the time in which the Leave of Absence specified in Section 2 above is to commence. In accordance with clause 3.1 of the Plan, I direct that the following percentage amounts be withheld from my Current Compensation Amount by the Division and dealt with according to the provisions of the Plan for the following years:

   First Year _____%

   Second Year _____% *Note: Not to exceed 33 1/3% of Current Compensation Amount*

Third Year _____%

Fourth Year _____%

Fifth Year _____%

I may, by written notice to the Division given at least one month prior to the anniversary date of my participation in the Plan, alter the percentage amounts for the next, or any subsequent year.

I direct the Division to pay Accrued Interest to me on each of the following dates:

- The December 31 which occurs at the end of the calendar year in which I became a Participant;
- Each December 31 occurring after the date specified in Section 1 above; and
- The last day of the Leave of Absence, or when the Trustees make a payment under clause 4.4, 6.1, 6.2, or 6.3 of the Plan.

Participant's Signature	Date

Wolf Creek Public Schools

Per	Date
Per	Date