

Western University Faculty Deferred Salary Leave Application and Agreement



I have read and agree to the terms and conditions of the **Deferred Salary Leave Article** as outlined in the [Faculty Collective Agreement](#) or in the case of a physician the Deferred Salary Plan as outlined in the University Policies and Procedures and hereby apply for the leave as follows:

- a) I request a Leave Period of _____ months to commence effective the first day of (January or July _____, 20 ____ and ending the last day of _____, 20_____.
- b) I request to receive a reduced salary effective from the first day of ____20____ to the end of the month preceding the first month of the Leave Period (the “*Deferral Period*”).
- c) The amount of the deferred salary is equal to _____% (between 5% and 25%) of my regular annual earnings.
- d) I agree to return to the University for full-time employment immediately following the Leave Period for a work period equal to the Leave Period.
- e) I agree to continue my statutory deductions based on the actual salary received during the Deferral Period.
- f) I agree to continue my University benefit deductions based on my full time regular salary during the Deferral Period.
- g) I elect or do not elect to contribute the full costs (University and my share) of the pension and benefit programs during my Leave Period. Note that if you do not elect to continue your benefit contributions, your group benefit coverage will cease during your Leave Period.

Faculty Member’s Name: _____

Employee Number: _____

Department/School: _____

Signature: _____ Date: _____
Faculty Member

Signature: _____ Date: _____
Chair or Director

Signature: _____ Date: _____
Dean

Signature: _____ Date: _____
Provost