



NIAGARA CATHOLIC DISTRICT SCHOOL BOARD

APPLICATION FORM
SUPPORT STAFF FINANCED LEAVE PLAN

EMPLOYEE NAME	DATE
SCHOOL/DEPARTMENT	LOCATION

I have read the Operating Procedures of the Niagara Catholic District School Board Support Staff Financed Leave Plan and wish to apply to participate.

I plan to take the leave of absence under the plan from:

_____ **TO** _____
(DATE) (DATE)

I plan to finance my year of leave as follows:

(NOTE: Complete only as many years as are needed. The actual year of your leave must be the last year of your plan.)

YEAR	PERCENTAGE OF SALARY TO BE PAID TO APPLICANT
20 _____ to 20 _____	_____ %
20 _____ to 20 _____	_____ %
20 _____ to 20 _____	_____ %
20 _____ to 20 _____	_____ %
20 _____ to 20 _____	_____ %
20 _____ to 20 _____	_____ %
20 _____ to 20 _____	_____ %

NOTE: This application must be submitted to the appropriate Supervisor at least 6 months prior to the date the plan is to take effect, (i.e. the date of the first salary deduction.)

EMPLOYEE'S SIGNATURE	YEARS EXPERIENCE WITH THIS BOARD
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**NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
427 RICE ROAD, WELLAND, ONTARIO, L3C 7C1**

***SUPPORT STAFF FINANCED LEAVE PLAN
AGREEMENT FORM***

This is to acknowledge that I am fully aware of, and agree to comply with, Board Policy #94B100 (Operating Procedures) presently contained in the Niagara Catholic District School Board Policy Manual pertaining to leave of absence for the Support Staff Financed Leave Plan.

It is further understood and agreed that earned interest, referred to in Operating Procedure 4, shall not apply to the year of leave, as all monies accumulated by the beginning of the year of leave shall be payable to me on demand, or as mutually agreed upon.

It is also understood that my leave of absence under the Plan will be taken during the period

_____ to _____

and that deferment of my salary will commence on

_____ and will continue until _____

These financial arrangements for my participation in the Support Staff Financed Leave Plan shall be according to the following schedule:

YEAR	PERCENTAGE OF SALARY TO BE PAID TO APPLICANT
20 _____ to 20 _____	_____ %
20 _____ to 20 _____	_____ %
20 _____ to 20 _____	_____ %
20 _____ to 20 _____	_____ %
20 _____ to 20 _____	_____ %
20 _____ to 20 _____	_____ %
20 _____ to 20 _____	_____ %

All applicable terms and conditions of the Collective Agreement and/or other applicable contracts and agreements shall apply.

DATE

SIGNATURE OF EMPLOYEE

SUPERVISOR/SUPERINTENDENT

SIGNATURE OF WITNESS

(The original of this agreement is to be filed with the Business Department of the Niagara Catholic District School Board)