SAINT MARY'S UNIVERSITY SINCE 1802

One University. One World. Yours.

Deferred Salary Leave Plan (DSLP)
Contract of Participation

☐ **Original Contract**
☐ **Revised Contract**

Agreement entered into by
Saint Mary's University, hereinafter designated as "the University"

And _____ SIN: _____
(please print) Surname Given Name

_____Employee No: _**A**_____
Address

Hereinafter designated as "the Participant."

Duration of the contract:

1. This contract shall come into force on the date the original contract is signed and shall expire on last day of the Deferred Salary Leave.
2. The duration of the Deferral Period shall be _____ months. (maximum 72 months or 6 years from the original contract date.).
3. The Leave Period shall be _____ months, that is, from _____ to _____. (minimum 6, maximum 12 full calendar months). (dd/mm/yyyy) (dd/mm/yyyy)

Salary

4. During the Deferral Period, the Participant authorizes the University to deduct from each pay an amount equal to*: (check one)*

   ☐ 10% ☐ 20% ☐ 30%
   ☐ 15% ☐ 25% ☐ 33 1/3 %

   of their gross bi-weekly salary to be held, invested, and administered under the DSLP. The amount deducted may be altered once each calendar year, by completing a revised contract of participation.

5. Payroll deductions shall begin on the Pay Period beginning _____.
   (Refer to Payroll Cut-off Schedule.) (dd/mm/yyyy)
6. During the Leave Period, the Participant may not receive any remuneration, other than the Deferred Salary, from the University or from any other person or organization with whom the University does not deal at arm's length..

Terms and Conditions

7. The employee agrees that they have read and understood the information provided in the Deferred Salary Leave Plan,, and agree to the terms and conditions of the DSLP.
8. The University is not liable for, and is released from, any and all claims which arise, directly or indirectly, in connection with this DSLP and is not limited to the Plan's effect on pension provisions, employment insurance, income tax, long term disability, life insurance and other benefit programs.

IN TESTIMONY THEREOF, the parties have signed in Halifax, Province of Nova Scotia, this _____day of the month of _____, 2_____.

_____	_____	_____
Director of Human Resources	Participating Employee	Witness
_____		_____
Print Name		Print Name

Document Routing: Employee →Human Resources/Payroll → Financial Services → Department → Employee