



FOUR FOR FIVE SALARY LEAVE APPLICATION

Name: _____

Department: _____

Employee ID #: _____

Position: _____

Address: _____

Position Affiliation SAFA
 APT/Management

I _____ hereby make application to be considered for participation in the Sait Four for Five Leave Plan. I have read and understand the terms and conditions of the Plan and acknowledge receipt of a copy of the Plan Document.

Signature of Employee:

Date:



PART A: CONTRACT

FOUR FOR FIVE SALARY LEAVE APPLICATION

I herewith contract to participate in the Sait Four for Five Leave Plan. I agree to the provisions, terms, and conditions of the Plan. I authorize Sait to defer 15% of my salary each month for four years commencing

- a) August (SAFA)
- b) September (APT/Management)

of the year _____.

I acknowledge that this election will be irrevocable for the term specified except in special circumstances as stated in the plan document.

My release period at 85% of salary will be from _____ to _____.

I agree to inform my department by _____ of my intentions of returning to work as of _____.

Signature

Date



PART B: DESIGNATION OF BENEFICIARY FOUR FOR FIVE SALARY LEAVE APPLICATION

I _____ hereby revoke any previous designation of beneficiary made by me under the provisions of the SAIT Four for five Leave Plan, and do hereby designate as beneficiary entitled to receive the proceeds arising under the said plan on my death.

Full Name of Beneficiary: _____

Relationship: _____

Employee Signature

Witness Signature

Date

Date

PART C: APPROVAL

After considering the operational requirements of the department, I hereby approve this application.

Manager Signature

Date

Dean/Director Signature

Date

Accepted by SAIT to participate in the program:

Associate Vice President, Employee Services

Date

Application Verification:

Payroll

Date

Freedom of information and Protection of Privacy (FOIP)

The personal information recorded on the application form is being collected under the authority of Section 33c of the Freedom of Information and Protection of Privacy (FOIP) Act. The information will be used for the purpose(s) of employee recruitment and administration and is protected by the privacy provisions of the Freedom of Information and protection of Privacy (FOIP) Act. If you require additional information concerning the collection and use of this personal information, please contact the SAIT FOIP Coordinator in Employee Services at 403-284-8633.