

Application for Self-Financed Leave Plan

Application Submission Deadline: April 1st

Name: _____

Elementary Teacher ☐

Employee ID#: _____

Secondary Teacher ☐

School: _____

Elementary Teachers:

As per article # 18.07.02 of the ETFO collective agreement, this application is for self-financed leave under the following plan (please select only one of the plans below):

Plan Type

- ☐ "2/3": Two years deferral of one-third of annual salary in each year, followed by one year of leave.
- ☐ "3/4": Three years deferral of one-quarter of annual salary in each year, followed by one year of leave.
- ☐ "4/5": Four years deferral of one-fifth of annual salary in each year, followed by one year of leave.
- ☐ "5/6": Five years deferral of one-sixth of annual salary in each year, followed by one year of leave.

***Notwithstanding any of the above, a member may participate in a half-year leave. If you wish to request a half-year leave, you must contact the Human Resources Officer for Elementary Teachers to review.*

- ☐ I have spoken with the Human Resources Officer and wish to request the above checked plan as a half-year leave.

Secondary Teachers:

As per article # 17.06.02 of the OSSTF collective agreement, this application is for self-financed leave under the following plan (please select only one of the plans below):

Plan Type

- ☐ One (1) semester deferral of one-quarter of annual salary in the semester followed by one (1) semester of leave.
- ☐ Two (2) semester deferral of one-third of annual salary in the year followed by one (1) semester of leave.
- ☐ Three (3) years deferral of one-quarter of annual salary in each year followed by one (1) year of leave.
- ☐ Four (4) years deferral of one-fifth of annual salary in each year followed by one (1) year of leave.
- ☐ Five (5) years deferral of one-sixth of annual salary in each year followed by one (1) year of leave.

As per article # 17.06.02.01 of the OSSTF collective agreement, Other Teacher Self-Financed Leave Plans, in these cases, the semester off must be taken in the final year of the Plan:

Plan Type

- ☐ Two (2) years deferral of one-fifth of annual salary in each year, followed by one semester of leave.
- ☐ Five (5) Semesters or 2.5 years deferral of one-sixth of annual salary in each year, followed by one semester of leave.
- ☐ Three (3) years deferral of one-seventh of annual salary in each year, followed by one semester of leave.
- ☐ Seven (7) Semesters or 3.5 years deferral of one-eighth of annual salary in each year, followed by one semester of leave.
- ☐ Four (4) years deferral of one-ninth of annual salary in each year, followed by one semester of leave.
- ☐ Nine (9) semesters or 4.5 years deferral of one-tenth of annual salary in each year, followed by one semester of leave.

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***Deductions set to start on the first pay in the month of September, in the upcoming school year.

I understand the parameters of the leave as outlined in my Collective Agreement and I have read the information regarding my participation in the Self-Financed Leave plan.

Teacher Signature: _____ Date: _____

***Submit Completed Applications to: askUCHR@ucdsb.on.ca

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Based on selected plan above, the "Leave Period" will be as such:

Start of Leave: _____.

End of Leave: _____.

☐ **Approved**

☐ **Not Approved** (Reason): _____.

Human Resources Officer

Date