Treasury Board of Canada Secrétariat du Conseil du Trésor du Canada

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Information on this form is used to assess requests for Self-Funded Leave in accordance with approved policies. It is protected by the provisions of the Privacy Act and should be stored in standard employee bank P-SE-901.

APPLICATION FOR SELF-FUNDED LEAVE

PART I - EMPLOYEE DATA Given name Initials Surname Mailing address Telephone number (home) Postal code **PART II - EMPLOYMENT DATA** Department Branch Division Section Location Job title Group and level Telephone number (work) **PART III - APPLICATION** I request leave in accordance with the Terms and Conditions described in the departmental Self-Funded Leave Policy, dated which I have read. Monthly deduction (\$) **Duration of leave** Salary deduction start date First choice Second choice Third choice Leave start date I agree that her Majesty and her officers or employees shall be in no way responsible for any liability including any charges, costs or unforeseen expenses that I may incur as a result of my participation in the Self-Funded Leave Plan. I further agree that her Majesty shall have no liability whatsoever with respect to the administration and investment of funds in my self-funded leave account. I acknowledge and agree that this Agreement shall be binding upon all parties and that neither I nor my beneficiaries are permitted to assign any rights under this Agreement. DATED AT THIS DAY OF YEAR Signature **EMPLOYEE** Signature Print name **WITNESS PART IV - APPROVAL** LEAVE APPROVED From: _ To: LEAVE NOT APPROVED for the following reasons: Responsibility Centre Manager (print name) Responsibility Centre Manager (signature) Date Authorized officer (print name) Authorized officer (signature) Date **PART V - CONFIRMATION** Financial Institution Self-funded leave account no. Custodian (print name) Custodian (signature) Date