



**FOUR FOR FIVE SALARY LEAVE APPLICATION**

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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**

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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**

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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**

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After considering the operational requirements of the \_\_\_\_ Department, I hereby approve this application.

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President, of the School/Department

\_\_\_\_\_  
Date

**Accepted by SAIT to participate in the program:**

\_\_\_\_\_  
CFO and Senior Vice President  
Corporate Services

\_\_\_\_\_  
Date

**Application verification:**

\_\_\_\_\_  
Employee Services – 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.*