



## THE UNIVERSITY OF LETHBRIDGE

### Voluntary Personal Leave Plan Application Form 2021/2022

#### EMPLOYEE INFORMATION

Employee ID		Employee Name	
Department			

**I HEREBY APPLY TO PARTICIPATE IN THE FOLLOWING OPTION OF 2021/2022 VOLUNTARY PERSONAL LEAVE PLAN (VPLP). IN ACCORDANCE WITH THE TERMS OF THE VPLP, I ELECT THE FOLLOWING OPTION:**

☐ **FOR OPTION #1**

- An amount of 1.92% will be deducted from my base salary;
- I understand that the deductions will be made from each monthly pay from April 1, 2021 to March 31, 2022;
- I understand that if my employment terminates before March 31, 2022, the cost of the personal leave without pay for the remaining months will be deducted from my final pay;
- I will take 5 consecutive days of personal leave without pay during the period April 1, 2021 to March 31, 2022, and I understand that there will be no carry forward or reimbursement of personal leave without pay not taken by March 31, 2022;
- I have provided a proposed schedule for the personal leave without pay. The proposed schedule is subject to the approval of my Manager;
- Once approved, my participation in the VPLP is irrevocable.

#### PROPOSED SCHEDULE OF PERSONAL LEAVE WITHOUT PAY (5 CONSECUTIVE DAYS)

Beginning Date:		Ending Date:	
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**Important – Do not enter the 5 consecutive days of personal leave without pay on your time sheet as the information will be inputted by Payroll according to the information selected on this application form.**

☐ **FOR OPTION #2**

- I understand that deductions will be made in each pay period for which the day or half-day of personal leave without pay was taken;
- The proposed schedule is subject to the approval of my Manager;
- Once approved, my participation in the VPLP is irrevocable.

**PROPOSED SCHEDULE OF PERSONAL LEAVE WITHOUT PAY (1 DAY OR HALF-DAY PER MONTH)**

	Date	Full or Half-Day
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

**Important – Do not enter the days of personal leave on your time sheet as the information will be inputted by Payroll according to the information provided on this application form.**

**EMPLOYEE SIGNATURE**

Employee Signature		Date	
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**MANAGER APPROVAL**

Manager Name		Manager Title	
Manager Signature		Date	

**PAYROLL USE ONLY**

Position Number		Earn Code	
Monthly Amount		Start Date	
End Date		Entered	