# Deferred Salary Leave Plan (DSLP)

## Administrative Procedure 2.A.120

**Board Governance Policy Cross Reference:**
**Legal Reference:**

**Date Adopted: November, 1998**
**Date Amended: February, 2005; June, 2012; June, 2026**
**Date Reviewed: April 2019; June, 2026**

The granting of Deferred Salary Leave Plan(s) will be granted at the discretion of the Board.

Deferred Salary Leave Plan applications will only be considered on a full school year basis. i.e., September – June

Other details of the DSLP are covered in the DSLP Agreement.

Success for All

# School District of Mystery Lake
# Leave of Absence and Deferred Compensation Plan
# Memorandum of Agreement
# Schedule "A"

I have read all the terms and conditions of the Agreement between the **School District of Mystery Lake** and **The Manitoba Teachers' Society**, with respect to setting up the **Leave of Absence and Deferred Compensation Plan.** I understand same and I agree to and adopt said terms and provisions. I confirm that I have read the **trusteed Employee Benefit Plan** between the School District of Mystery Lake and The Manitoba Teachers' Society (the "Plan") and in accordance with the provisions of the Plan (and for acknowledge).

I irrevocably release the District, the Thompson Teachers' Association, The Manitoba Association of School Trustees and the Manitoba Teachers' Society from any liability in connection with any loss or damage suffered as a result of any act of omission or commission regarding the investment, administration or management of the Fund (except for loss or damage occasioned by willful misconduct) including, without restricting the generality of the foregoing, any loss suffered in respect to any investment made by the Fund.

I further specifically confirm that I have read the Plan-Allocation and Payment of Investment Earnings and I agree that the annual interest and investment earnings allocated to my participants account shall be considered as having been paid out and recontributed by me on **December 31st** each year pending the cash distribution of same to me no later than **February 1st** of the following year.

1. **Enrollment Date**

My enrollment in the plan shall become effective commencing **September 1st** _____.

2. **Year of Leave**

I shall take my Leave of Absence from _____ to _____, but I shall have the right in accordance with the Plan-Participant's Right to Defer Leave to request postponement of such leave for a maximum of one school year and in accordance with the Plan-Division's Right to Defer Leave the district may postpone the leave for one school year, provided that this will not result in the deferral period exceeding six years from the date in which the deferrals for the Leave of Absence.

3. **Return after Leave**

I undertake to return to employment with the District or as otherwise permitted in the Plan-Position on Return from Leave after the Leave of Absence for a period that is not less than the Leave of Absence and that my position will be as determined pursuant to the Plan-Position on Return from Leave.

***Schedule "A"***
***Leave of Absence and Deferred Compensation Plan***
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**4. Funding of Leave of Absence**

In accordance with the Plan-Compensation Deferred, I direct that the percentage of current compensation amount as set out below be deferred in equal installments from each pay period, for the following school years.

**First Year _____ % Fourth Year _____%**
**Second Year_____% Fifth Year _____%**
**Third Year_____% Sixth Year _____%**

I understand that I may give written notice to the district prior to September 1st in any year to alter the percentage to be deferred in accordance with the Plan-Compensation Deferred for the subsequent school year. However, in accordance with the Plan-Maximum Percentage Deferred, in no event shall the maximum percentage of current compensation amount deferred in any one calendar year exceed 33 1/3%.

**Note:** The schedule above is to be completed for the school year(s) up to the school year in which the Leave of Absence is to commence as specified in #2 above.

_____ _____
**Teacher's Signature** **Date**

**Agreed to by the District:**

_____ _____
**Secretary-Treasurer** **Date**

_____ _____
**Superintendent** **Date**

***(Revised: June 2026)***