



APPLICATION FOR LEAVE WITH INCOME AVERAGING

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

PART I - EMPLOYEE DATA

| | | | |
|-----------------|-----------------------------|-----------------------|----------------------------|
| Surname (Print) | | Given name / Initials | Personal Record Identifier |
| Department | Branch / Division / Section | | Address |

PART II - APPLICATION

| | | | |
|--|-----|----------|-------------------------------|
| 1st period of leave FROM: | TO: | Duration | |
| 2nd period of leave FROM: | TO: | Duration | |
| I request a leave arrangement in accordance with the Leave with Income Averaging Policy. | | | Date |
| I agree not to work for the federal Public Service (organizations to which the <i>Public Sector Compensation Act</i> applies) during the above period(s) of leave. | | | Day Month Year () () () |
| Signature _____ | | | |

PART III - ESTIMATED SALARY (to be completed by Compensation Unit)

| | | | |
|---|------------------------|---|-----------------------------------|
| Current Annual Salary _____ and Allowances | Bi-weekly amount _____ | Deductions _____ | Net Take Home (approximate) _____ |
| Less leave without pay _____ | Bi-weekly amount _____ | There will be some adjustments in respect of certain statutory deductions such as Income Tax, CPP/QPP & UI and you may be able to adjust some voluntary deductions such as CSB and CO-OP. | |
| Reduced Annual Salary _____ and Allowances | Bi-weekly amount _____ | Deductions Total _____ (Unadjusted) | Take Home _____ (Approximate) |

PART IV - APPROVAL

| | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> LEAVE ARRANGEMENT APPROVED | 1st period of leave From: _____ To: _____ | |
| | 2nd period of leave From: _____ To: _____ | |
| <input type="checkbox"/> Duration of leave arrangement (12 month averaging period) | From: _____ To: _____ | |
| <input type="checkbox"/> I certify that the employee meets the eligibility criteria | | |
| <input type="checkbox"/> LEAVE ARRANGEMENT NOT APPROVED for the following reasons: _____ _____ _____ | | |
| Responsibility Centre Manager (print name) | Responsibility Centre Manager (signature) | Date Day Month Year () () () |

