

TO BE POSTED (on staff bulletin board)

TO: Elementary Teachers DATE: February 2021

FROM: Maxine Wray Senior Manager

Elementary Teaching - Employee Services

RE: Leave of Absence – Self Funded Leaves Plan

In accordance with Article C.4.0. of the Elementary Collective Agreement, a Leave of Absence – Self Funded Leaves Plan may be granted on request. This special leave is a salary averaging plan where the year of leave must be taken in the **final year depending on the plan selected.** Available plans are Three over Four, Four over Five or Five over Six.

If you are changing from one deferred plan to another, you will need to rescind your current plan, and then enroll in the new plan to begin no earlier than September 1st of the current school year in which the change is being requested.

If you wish to rescind please send a signed letter of request to the relevant Staffing Officer.

The application form for "Leave of Absence – Self Funded Leave Plan" is available in the school office and is **due prior to May 1, 2021**. Once completed, the application must be submitted to your principal. <u>Please note</u> application approval by the Senior Manager, Elementary Teaching - Employee Services or designate does not mean automatic enrolment in the plan; **you must sign** *and* **return the contract to be enrolled.**

You are advised to check with Canada Revenue Agency if you plan to earn income during the Leave Year, so that you are aware of any restrictions or penalties to income while you are on a Leave of Absence – Self Funded Leaves Plan.

Email Application Forms to Elementary Teaching Office:

LC1 - Learning Networks - LN01-LN06 - Maxine Reid maxine.reid@tdsb.on.ca

LC2 - Learning Networks - LN07-LN12 - Andréa Schmoll andrea.schmoll@tdsb.on.ca

LC3 - Learning Networks - LN13 to LN18 - Paula Jarrett paula.jarrett@tdsb.on.ca

LC4 - Learning Networks - LN19 to LN24 - Kim Jones kim.jones@tdsb.on.ca

IMPORTANT INFORMATION

A teacher approved for a Leave of Absence -Self Funded Leaves Plan - plan <u>is not eligible to work</u> for the Toronto District school board in any capacity, during their 3 /4, 4/5 or 5/6 leave year. Please see link to Canada Revenue Agency for more information: <u>www.cra-arc.gc.ca</u>

Please note, due to transition to the provincial benefit plan, the cost to maintain benefit coverage during the deferred leave year is 100% employee paid.

Please contact OTIP at 1-866-783-6847 for any inquires.



Elementary Application Form Leave of Absence – Self Funded Leaves Plan

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Once the signatures have been received, please e-mail the completed form to the Staffing Officer, Elementary Teaching - Employee Services by the deadline prior to May 1, 2021.	
I wish to enroll in the Self-Funded Leaves Plan: []	3/4 [] 4/5 [] 5/6
 I shall take my Self-Funded Leave of Absence from the Toronto District School Board from: 1 September 2024 to 2025 -Three over Four 1 September 2025 to 2026 - Four over Five 1 September 2026 - 2027 - Five over Six I understand that the term of this salary deferral plan is that it must take place in the designated leave year. I have been advised to check with Canada Revenue Agency if I plan to earn income during my Leave Year, so that I may be aware of any restrictions or penalties to income while I am on a Four Over Five year of leave. 	
1. NAME (print)	
2. EMPLOYEE NUMBER: Ple	ase see inside of pay stub above your name)
3. SCHOOL	
4. POSITION	
5. SIGNATURE	_ DATE
NOTED: Principal	DATE
APPROVED: Senior Manager	DATE
Email to: (Subject – Name of Form, School Name, Teachers Name) LC1 - Learning Networks - LN01 - LN06 - Maxine Reid - maxine.reid@tdsb.on.ca LC2 - Learning Networks - LN07 - LN12 - Andréa Schmoll - andrea.schmoll@tdsb.on.ca LC3 - Learning Networks - LN13 - LN18 - Paula Jarrett - paula.jarrett@tdsb.on.ca LC4 - Learning Networks - LN19 to LN24 - Kim Jones - kim.jones@tdsb.on.ca	
PLEASE NOTE, DUE TO TRANSITION TO THE PROVINCIAL BENEFIT PLAN, THE COST TO MAINTAIN BENEFIT COVERAGE DURING THE DEFERRED LEAVE YEAR IS 100% EMPLOYEE PAID. PLEASE CONTACT OTIP AT 1-866-783-6847 FOR ANY INQUIRIES I acknowledge that I have read this document and understand that OTIP will not maintain my benefit coverage during my deferred leave year. PLEASE INITIAL	