

## SCHEDULE G

### MEMORANDUM OF AGREEMENT RE DEFERRED SALARY LEAVE

I have read the terms and conditions of Deferred Salary leave Plan and hereby agree to enter the Plan under the following terms and conditions:

(1) ENROLMENT DATE:

I wish to enroll in the Deferred Salary Leave Plan commencing \_\_\_\_\_.

(2) YEAR OF LEAVE:

I shall take my leave of absence from the \_\_\_\_\_  
School Board from \_\_\_\_\_ to \_\_\_\_\_.

(3) FINANCIAL ARRANGEMENTS:

The financing of my participation in the Deferred Salary Leave Plan shall be according to the following schedule:

(a) two out of three years \_\_\_\_\_.

(b) three out of four years \_\_\_\_\_.

(c) four out of five years \_\_\_\_\_.

Date \_\_\_\_\_

Teacher \_\_\_\_\_

Witness \_\_\_\_\_