



**The Civil Service Superannuation Board**  
**Form Of Election For Employees On Education Leave - With Part Salary**

**SECTION 1 - EMPLOYEE USE**

I, \_\_\_\_\_, hereby elect \_\_\_\_\_ to contribute to the Civil Service Superannuation Fund at the \_\_\_\_\_ to/not to rate of 8% of salary up to the Canada Pension Plan maximum and at the rate of 9% on any salary above the maximum on the partial annual salary in the amount of \$ \_\_\_\_\_ which I will receive while on educational leave for the period from \_\_\_\_\_ to \_\_\_\_\_.

I elect \_\_\_\_\_ contribute on the balance of my salary in excess of part salary up to my salary at the date of my educational leave plus to/not to an equal matching amount.

I acknowledge that:

1. I may elect within *two months* of the date of the education leave to continue as a contributor during the educational leave period at a reduced cost as outlined above.
2. I may apply at any time while still on leave at a cost of 18% of annual salary immediately before leave, or before the expiration of 18 months after the completion of the education leave at a cost of 18% of annual salary at the date of application.
3. leave of absence under the Civil Service Superannuation Act can only be granted for a period of two years. This may be extended for an additional two years providing I request an extension within two months of the termination of the first leave of absence.

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Department

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Home Email Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**SECTION 2 - EMPLOYER USE**

We confirm that the above information is correct, the educational leave has been approved by the employer and the above employee's annual salary as at the date of the education leave was \$ \_\_\_\_\_.

Percentage of salary employee receiving while on educational leave \_\_\_\_\_

Current year pensionable service to date of educational leave \_\_\_\_\_

Current year pensionable earnings to date of educational leave \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signing Officer

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Title and Department

\_\_\_\_\_  
Work Email Address