

VOLUNTARY FLEX LEAVE PLAN

Management & Professional Staff (MaPS)



Application for Participation

| | |
|---|--|
| Name: | |
| Employee ID: | |
| Faculty/ Department: | |
| Position/ Title: | |
| Anniversary Date: | |
| Vacation Bank: <i>(estimated as of July 1)</i> | |
| Email : | |
| Phone: | |
| Plan Usage: <i>Provide an outline of when time will be used.</i> | |

I confirm that:

- I am a Regular or Fixed Term full-time MaPS employee who has completed my probationary period and will not have more than one (1) year's vacation accrual by the beginning of the Plan Period.
- A Personal Leave Deduction of approximately 1.92% will be deducted from my pay.
- My decision is irrevocable for the Plan Period (July 1, 2024 - June 30, 2025).
- I must take all five (5) days together within the Plan Period and that there will be no carry forward or reimbursement of voluntary flex leave days not taken by June 30, 2025.

Employee Authorization

Employee Signature

Date

Manager Authorization

Name: _____

Manager Signature

Date

Please submit completed applications to hrhire@ucalgary.ca by June 28, 2024.