

FORT LA BOSSE SCHOOL DIVISION

SUMMER SAVINGS PLAN

*(FOR MEMBERS OF FORT LA BOSSE SCHOOL DIVISION ASSOCIATION of the MANITOBA
TEACHERS' SOCIETY)*

AUTHORIZATION TO COMMENCE DEDUCTIONS

I hereby authorize the Fort La Bosse School Division to deduct the amount of
\$ _____ per month from my net pay in accordance with Appendix "A" of the
collective agreement.

I further opt for the following method of payment of my deferred net pay:

CHECK ONE BOX ONLY:

- One lump sum at the end of June next following, or
- Equal payments at the end of June and July next following, or
- Equal payments at the end of July and August next following, or
- Equal payments at the end of June, July and August next following.

I also acknowledge that I have received a copy of Appendix "A" of the Collective Agreement.

TEACHER'S NAME (PRINTED)

DATE

TEACHER'S SIGNATURE

Return the Authorization Form only ... Retain the copy of Appendix "A"

OFFICE USE ONLY

Date Received: _____

Initial: _____