

Deferred Salary Leave Plan

Original Application

Amended Application

Application Form

SECTION A: EMPLOYEE INFORMATION (Please print)						
Last Name		First Name and Initial		Employee Number		
Mailing Address	City	Province		Postal Code		
Title		Phone Number(s) Home	Business			
Email Address						
Employer		Ministry/Agency				
If amending your application,	, please state the reason for the amenc	dment (attach a separate sheet if necessary):			
SECTION B: CONFLICT	OF INTEREST APPROVAL					
2. Please check (click) the	purpose of the leave (attach a separate appropriate box if the leave involves en	nployment. Does the leave involve:				
	tside of the Government of Saskatchew	van?	Yes	No		
b) self-employmenc) activities from w	which there is monetary reward?		Yes Yes	No No		
	which a service or advice is provided an	d an honorarium received?	Yes	No		
e) advantages deri	ved from employment in the public ser	rvice?	Yes	No		
f) the use of gover	rnment premises, supplies, equipment,	employees, etc?	Yes	No		
		act or policy of the Ministry/Government?	Yes	No		
		f your duties upon your return to work?	Yes	No		
Please identify and explain an	y of the above for which a "yes" answer	is provided (attach a separate sheet if necess	sary)			
SECTION C: DEFERRA	L PERIOD					
Your completed applicatio	n form must be submitted a minimum	of 8 weeks prior to the commencement of	your deferrals.			
Current Basic Salary:	Deferral	Period from (dd/mmm/yyyy)	to	(dd/mmm/yyyy)		
Deferral Period	Ori Number of Pay Perio Deferral Being Mac		Amended Pay Periods	Application % Deferral		
First Calendar Year	20					
Second Calendar Year	20					
Third Calendar Year	20					
Fourth Calendar Year	20					
Fifth Calendar Year	20					
Sixth Calendar Year	20					
Seventh Calendar Year	20					

The leave period must be a minimum of six consecutive months and no more than 12 consecutive months and must begin on the first day of the pay period immediately following the end of your deferral period (i.e., first day of the month if you are paid monthly or first day of the bi-weekly pay period if you are paid bi-weekly).						
The total of your deferral and leave periods cannot excee	d 84 months from the date the defer	al began.				
Payment Schedule: B ₂ M ₁ L	eave Period from (dd/mmm,	to 'yyyy)	(dd/mmm/yyyy)			
SECTION E: AUTHORIZATION AND INDEMNIFICATION						
Upon approval of my application I authorize the deductions from my basic salary as specified in this application. I have fully disclosed the purpose for which I have requested the leave, particularly as my activities might be affected by the Government of Saskatchewan Conflict of Interest Guidelines, and I understand that I must continue to comply with those guidelines while on leave.						
I have read the Government of Saskatchewan Deferred Salary Leave Plan Document and employee information booklet and understand their contents. I agree to and will comply with their terms and conditions. I release the Government of Saskatchewan, the Deferred Salary Leave Plan Committee and any member, employee or officer of either of them from any liability with respect to my participation with the Plan, including, without limitation, any liability with respect to the investment of the Plan funds.						
I understand that funds on deposit with Canadian Western Trust Company are insured by the Canada Deposit Insurance Corporation (CDIC) to a maximum of \$100,000 per individual.						
I understand the Plan must comply with guidelines set forth by any taxing authority, which may cause the Plan to be amended from time to time.						
I understand that should any taxing authority pass any legislation which causes an income tax to be levied on the investment income earned from funds in the Plan prior to the receipt of the investment income by myself, that such tax will be paid out of the investment income and that neither the Government of Saskatchewan or members of the Deferred Salary Leave Plan Committee shall be liable for such tax.						
I also confirm my understanding that in the absence of a written agreement to the contrary, all charges, costs and unforeseen expenses associated with this Plan shall be paid by myself and such charges, costs or unforeseen expenses will be paid out of the investment income and that neither the Government of Saskatchewan or members of the Deferred Salary Leave Plan Committee shall be liable for such charges, costs or unforeseen expenses.						
Signature of Employee		Date (dd/mmm/yyyy)				
Signature of Witness		Date (dd/mmm/yyyy)				
Signature of Witness SECTION F: RECOMMENDATIONS AND DECIS	IONS	Date (dd/mmm/yyyy)				
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SECTION F: RECOMMENDATIONS AND DECIS STEP 1: Supervisor's Recommendation:	commended 🛛 🗖 Not Recommend	ded	Date (dd/mmm/yyyy)			
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SECTION F: RECOMMENDATIONS AND DECIS STEP 1: Supervisor's Recommendation: Recommendation: Recommendation: Signature of Supervisor STEP 2: Permanent Head's Recommendation: Recommendation: Recommendation: 	commended I Not Recommended Print Name ommended I Not Recommended Print Name Print Name	ded	Date (dd/mmm/yyyy)			
SECTION F: RECOMMENDATIONS AND DECIS STEP 1: Supervisor's Recommendation: Rec Signature of Supervisor STEP 2: Permanent Head's Recommendation: Rec Signature of Permanent Head or Designate 	commended I Not Recommended Print Name ommended I Not Recommended Print Name Print Name	ded	Date (dd/mmm/yyyy)			
SECTION F: RECOMMENDATIONS AND DECIS STEP 1: Supervisor's Recommendation: Rec Signature of Supervisor STEP 2: Permanent Head's Recommendation: Rec Signature of Permanent Head or Designate STEP 3: FORWARD TO TOTAL REWARDS (5th Floor, 2100 Br	commended I Not Recommended Print Name ommended I Not Recommended Print Name Print Name	ded	Date (dd/mmm/yyyy)			
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SECTION F: RECOMMENDATIONS AND DECIS STEP 1: Supervisor's Recommendation: Rec Signature of Supervisor STEP 2: Permanent Head's Recommendation: Rec Signature of Permanent Head or Designate STEP 3: FORWARD TO TOTAL REWARDS (5th Floor, 2100 Br Decision: Approved Not Approved Signature: Designate of Chair, PSC	commended I Not Recommended Print Name ommended I Not Recommended Print Name road Street, REGINA SK S4P 1Y5 or	ded	Date (dd/mmm/yyyy)			