

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		Home	Dusiness				
Employer							
If amending your application, please state the reason for the amendment (attach a separate sheet if necessary):							
SECTION B: CONFLICT	OF INTEREST APPROVAL						
	purpose of the leave (attach a separate sheet						
a) employment outside of the Government of Saskatchewan?				No			
b) self-employment?				No			
c) activities from which there is monetary reward?				No			
d) activities from which a service or advice is provided and an honorarium received?				No			
e) advantages derived from employment in the public service?				No			
	nment premises, supplies, equipment, emplo		Yes Yes	No			
g) performance in a manner as to appear to be an official act or policy of the Government?				No			
h) an activity which will interfere with the performance of your duties upon your return to work? Yes No Please identify and explain any of the above for which a "yes" answer is provided (attach a separate sheet if necessary)							
SECTION C: DEFERRAL	. PERIOD						
Your completed application	n form must be submitted a minimum of 8 we	eeks prior to the commencement of	your deferrals.				
Current Basic Salary:	Deferral Perioc	d from (dd/mmm/yyyy)	to	(dd/mmm/yyyy)			
Deferral Period	Original A Number of Pay Periods Deferral Being Made	Application % of Basic Salary to be Deferred	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						

SECTION D: LEAVE PERIOD						
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 period	ds cannot exceed 84 months fro	m the date the deferral beg	an.			
Payment Schedule: B ₂ M ₁	Leave Period from	n (dd/mmm/yyyy)	to	(dd/mmm/yyyy)		
SECTION E: AUTHORIZATION AND	INDEMNIFICATION					
Upon approval of my application I authorize to which I have requested the leave, particularly and I understand that I must continue to com	y as my activities might be affec	cted by the Government of				
I have read the Government of Saskatchewar I agree to and will comply with their terms ar any member, employee or officer of either of liability with respect to the investment of the	nd conditions. I release the Gov f them from any liability with re	ernment of Saskatchewan,	the Deferred Sala	ry Leave Plan Committee and		
I understand that funds on deposit with Cana maximum of \$100,000 per individual.	adian Western Trust Company a	re insured by the Canada I	Deposit Insurance	Corporation (CDIC) to a		
I understand the Plan must comply with guid	lelines set forth by any taxing a	uthority, which may cause	the Plan to be am	ended from time to time.		
I understand that should any taxing authority funds in the Plan prior to the receipt of the ir Government of Saskatchewan or members o	nvestment income by myself, th	at such tax will be paid ou	t of the investmen			
I also confirm my understanding that in the a with this Plan shall be paid by myself and suc Government of Saskatchewan or members o	ch charges, costs or unforeseen	expenses will be paid out	of the investment	income and that neither the		
Signature of Employee		Date	e (dd/mmm/yyyy)			
Signature of Witness		Date	e (dd/mmm/yyyy)			
SECTION F: RECOMMENDATIONS	AND DECISIONS					
STEP 1: Supervisor's Recommendation:	☐ Recommended	☐ Not Recommended				
Signature of Supervisor	Print Na	ime		Date (dd/mmm/yyyy)		
STEP 2: Permanent Head's Recommendation:						
Signature of Permanent Head or Designate	Print N	ame		Date (dd/mmm/yyyy)		
STEP 3: FORWARD TO YOUR HR TEAM						
Decision: ☐ Approved ☐ Not Approved						
Signature: HR Representative	Print N	ame		Date (dd/mmm/yyyy)		
STEP 4: Received by Plannera:						
Signature	Print N	ame		Date (dd/mmm/yyyy)		
STEP 5: After signatures for STEP 1, 2 and 3	have been completed please for	orward to Plannera at hene	fits@plannera.ca	for processing		