

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 amendment (attach a separate sheet if necessary):				

SECTION B: CONFLICT OF INTEREST APPROVAL

1. Identify and explain the purpose of the leave (attach a separate sheet if necessary):

2. Please check (click) the appropriate box if the leave involves employment. Does the leave involve:

a) employment outside of the Government of Saskatchewan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) self-employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) activities from which there is monetary reward?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) activities from which a service or advice is provided and an honorarium received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) advantages derived from employment in the public service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) the use of government premises, supplies, equipment, employees, etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) performance in a manner as to appear to be an official act or policy of the Ministry/Government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h) an activity which will interfere with the performance of your duties upon your return to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 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	Original Application		Amended Application	
	Number of Pay Periods Deferral Being Made	% of Basic Salary to be Deferred	Pay Periods	% Deferral
First Calendar Year	20 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Calendar Year	20 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Third Calendar Year	20 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fourth Calendar Year	20 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fifth Calendar Year	20 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sixth Calendar Year	20 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Seventh Calendar Year	20 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 periods cannot exceed 84 months from the date the deferral began.

Payment Schedule: B2 M1 Leave Period from to
(dd/mmm/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 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)

SECTION F: RECOMMENDATIONS AND DECISIONS

STEP 1: Supervisor's Recommendation: Recommended Not Recommended

Signature of Supervisor

Print Name

Date (dd/mmm/yyyy)

STEP 2: Permanent Head's Recommendation: Recommended Not Recommended

Signature of Permanent Head or Designate

Print Name

Date (dd/mmm/yyyy)

STEP 3: FORWARD TO COMPENSATION BRANCH (2nd Floor, 2350 Albert Street, REGINA SK S4P 4A6)

Decision: Approved Not Approved

Signature: Designate of Chair, PSC

Print Name

Date (dd/mmm/yyyy)

STEP 4: Received by PEBA:

Signature

Print Name

Date (dd/mmm/yyyy)

STEP 5: PEBA forwards approved form to Employee Service Centre (ESC) for action and distributes copies to Employee and Compensation Branch.