

Application Form

SECTION A: EMPLOYEE INFORMATION (Please print)

Last Name	First Name and Initial	Employee Number
Mailing Address	City	Province
		Postal Code
Birthdate (day/month/year)	Phone Number(s) Home Business	
Employer	Department	Title

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?	Yes	No
b) self-employment?	Yes	No
c) activities from which there is monetary reward?	Yes	No
d) activities from which a service or advice is provided and an honorarium received?	Yes	No
e) advantages derived from employment in the public service?	Yes	No
f) the use of government premises, supplies, equipment, employees, etc?	Yes	No
g) performance in a manner as to appear to be an official act or policy of the Department/Government?	Yes	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

**Enrolment in the Plan is allowed during the following semi-annual application periods:
April 1 to May 15 and October 1 to November 15.**

**Contributions to the Plan begin on the following July 1 or January 1 if you are paid monthly,
or on the first bi-weekly pay period following these dates if you are paid bi-weekly.**

Current Basic Salary: _____ Deferral Period from _____ to _____
(day/month/year) (day/month/year)

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 _____	_____	_____	_____
Second Calendar Year	20 _____	_____	_____	_____
Third Calendar Year	20 _____	_____	_____	_____
Fourth Calendar Year	20 _____	_____	_____	_____
Fifth Calendar Year	20 _____	_____	_____	_____
Sixth 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 deferred period (ie: 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 _____ (day/month/year) to _____ (day/month/year)

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 (day/month/year)

Signature of Witness

Date (day/month/year)

SECTION F: RECOMMENDATIONS AND DECISIONS

Supervisor's Recommendation: Recommended Not Recommended

Signature of Supervisor

Date (day/month/year)

Human Resources's Recommendation: Recommended Not Recommended

Official Signature

Date (day/month/year)

Permanent Head's Recommendation: Recommended Not Recommended

Signature of Permanent Head or Designate

Date (day/month/year)

Chair, PSC, Decision: Approved Not Approved

Official or Designate Signature

Date (day/month/year)

NOTE: PEBA WILL DISTRIBUTE A COPY OF THIS FORM TO EACH OF THE SIGNING AGENCIES AND PAYROLL