

## Deferred Salary Leave Plan Application Form

### for employees of the Saskatchewan Legal Aid Commission

Original Application

Amended Application

**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 and business) |                        |                 |
| Employer                          |                        |                 |

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 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**

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)

| <i>Deferral Period</i> | <b>Original Application</b>                          |   | <b>Amended Application</b> |                   |
|------------------------|--|---|----------------------------|-------------------|
|                        | <i>Number of Pay Periods<br/>Deferral Being Made</i> | <i>% of Basic Salary<br/>to be Deferred</i> | <i>Pay Periods</i>         | <i>% Deferral</i> |
| 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 periods cannot exceed 84 months from the date the deferral began.

Payment Schedule:      Biweekly      Monthly      Leave Period from      (dd/mmm/yyyy)      to      (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)

**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 YOUR HR TEAM**

**Decision:**     Approved     Not Approved

\_\_\_\_\_  
Signature: HR Representative      Print Name      Date (dd/mmm/yyyy)

**STEP 4: Received by Planner:**

\_\_\_\_\_  
Signature      Print Name      Date (dd/mmm/yyyy)

**STEP 5:** After signatures for STEP 1, 2 and 3 have been completed please forward to Planner at [benefits@plannera.ca](mailto:benefits@plannera.ca) for processing.