

DEFERRED SALARY LEAVE AGREEMENT SIX MONTHS OF LEAVE

Employee name: _____ Employee ID #: _____ Record #: _____
Department/Board/Agency: _____

I have read the terms and conditions of the deferred salary leave plan in the Human Resource Manual (HRM) section 0815 and MY HR website. I agree, understand and apply to participate in the Deferred Salary Leave Plan (DSLPL) on the following basis:

1. In accordance with HRM 0815, ten percent of my regular salary will be deferred for each of four years and six months and used to fund the leave granted under clause 2 of this agreement as follows:
Deduction Start Date: _____ to _____ Inclusive.
2. I request the deferred salary leave for a six month period (dates to be confirmed by the employee six months prior to proceeding with leave):
Leave Start Date: _____ to _____ Inclusive.
3. I cannot accept any other employment with the Territorial Public Service during the period of my leave.
4. As a Government of the Northwest Territories (GNWT) employee, I remain subject to the Code of Conduct during my leave. I am required to disclose and obtain prior approval from my Deputy Head prior to engaging in volunteer activities, self-employment (including bidding on any contract work), outside employment and service (either volunteer or paid) on boards, councils or committees.
5. I agree to return to the public service of the GNWT for a period of six months following my leave.
6. I understand that if I do not return to the public service of the GNWT following the six months of my deferred salary leave, there may be tax implications and I would need to contact the Canada Revenue Agency for further information.
7. I agree that the Employer shall be in no way responsible for any liability including any charges, costs or unforeseen expenses that I may incur as a result of my participation in the deferred salary leave plan.
8. I understand that I will seek pension counselling and options from the Public Service Pension Centre while on "Self-Funded leave of absence" from the Government of the Northwest Territories.
9. Should anything change in this agreement, I will contact the Department of Finance via HRhelpdesk before anticipated changes.

Employee Signature

Date signed

I approve the application for the salary deferral and leave as applied for above, and agree to return to their current or equivalent position following the leave period.

Deputy Head or designate Signature

Date signed

Printed Name

Approved documents are to be emailed to BenefitsTEBS@gov.nt.ca for processing.