

DEFERRED SALARY LEAVE AGREEMENT FOR NWT TA TEACHERS

Employee name: _____ Employee ID #: _____ Record #: _____
Divisional Education Council/Board/Agency: _____

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

1. In accordance with HRM 0815, twenty percent of my regular salary will be deferred for each of four years and used to fund the leave granted under clause 2 of this agreement commencing the 20_____ to 20_____ school year.
2. I request the deferred salary leave for the 20_____ to 20_____ school year (dates to be confirmed by the employee by April 15th in the year of leave):
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 with the _____ Divisional Education Council/Board/Agency for a period of one year following my leave.
6. I understand that if I do not return to the public service of the GNWT following the one-year 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 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.

Superintendent/CEO or designate Signature

Date signed

Printed Name

Divisional Education Council/Board/Agency

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