



Previous volume contains only previous  
service with External Affairs.



Doc. O.K. ✓

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Document divulgué en vertu de la Loi sur l'accès à l'information

D.O.B. 17-06-15

S.I.No. 416-915-601

S.O.S. 79-12-29

SUPN. 45733

APPRAISAL FILE O.K. ~~PA~~

001223

Spoke to Doreen 80-2-1139 explained basically  
the context of my note dated 80-2-8.  
She will in return inform Mr. Cadieux

HP

HANDWRITE - ÉCRIRE À LA MAIN

REVIEWER.....

FROM - DE

1980

TO A

ADMIN. RECORDS

AI Head, Comp & Ben.

Comp & Benefits Sec.

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Comments<br>Commentaires                                  | <input type="checkbox"/> Examination and Action<br>Lire et donner | <input type="checkbox"/> Prepare Brief<br>Préparer un exposé | <input type="checkbox"/> Return with Current File<br>Retourner avec le dossier actuel |
| <input type="checkbox"/> Perusal - No action required<br>A titre de renseignements | <input type="checkbox"/> Prepare Reply<br>Rédiger une réponse     | <input type="checkbox"/> Make File(s)<br>Ouvrir un dossier   | <input type="checkbox"/> Check Records<br>Vérifier les dossiers                       |

Subject - Sujet

Termination Payments issued to Marcel Cadieux

Date

REMARKS (Use same A-5 for Reply when space permits) - REMARQUES (Si l'espace le permet, répondre sur cette formule)

<u>Cheque dated</u>	<u>Gross</u>	<u>Net</u>	<u>Representing</u>
1980-01-23	\$61,127.24	\$31,207.07	Unused leave
1980-01-23	\$1,415.01	\$1,054.38	Salary owing & UT rebate
1980-02-05	\$39,121.32	\$39,121.32	Severance Pay

① As you know, Mr Cadieux was disappointed for not receiving <sup>net</sup> \$61,127.24 as payment of unused annual leave. The Income Tax deducted @ source for payment was \$29,707.77 plus C.P.P. in amt of \$212.40.  
He, however knew he couldn't invest direct in R.R.

② spoke to Group, Head @ C.R.P.O; she re-verified tax charged on payment & informed me tax ~~was~~ <sup>had</sup> have been higher:

they set up a progressed annual salary which in his case was \$72,900.00 + payment of \$61,127.24 equals amt on which tax is calculated.

He was charged .5100 % where it shld have apparently been .5805.

③ He will be able to receive a refund

P.A. - A.C.	
Date	Init./No

001225

FROM - DE

TO  
A

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Comments<br>Commentaires                                  | <input type="checkbox"/> Examination and Action<br>Lire et donner | <input type="checkbox"/> Prepare Brief<br>Préparer un exposé | <input type="checkbox"/> Return with Current File<br>Retourner avec le dossier actuel |
| <input type="checkbox"/> Perusal - No action required<br>À titre de renseignements | <input type="checkbox"/> Prepare Reply<br>Rédiger une réponse     | <input type="checkbox"/> Make File(s)<br>Ouvrir un dossier   | <input type="checkbox"/> Check Records<br>Vérifier les dossiers                       |

Subject - Sujet

Date

- 2 -

REMARKS (Use same A-5 for Reply when space permits) - REMARQUES (Si l'espace le permet, répondre sur cette formule)

of tax if he purchases a R.R.S.P. under the following terms:

As a working employee in 1979, max. amt he may purchase:

20% Income Earnings } whichever is  
or } less  
\$ 3,500.00  
= X less  
Pension Plan Contributions  
UIC Contr  
Union dues.

As a non-working employee in 1980, max amt:

20% Income Earnings } (Sup's annuity  
or } (not considered)  
\$ 5,500 } whichever is  
less

= X  
Also, an amt equal to his <sup>annual</sup> Sup's annual

A receipt is issued to owner in the amt. of the investment.

REVIEWER.....*SL*.....

ADMIN. RECORDS

1980-02-07

PS 12246

Co-Operative Trust Co. of Canada  
c/o 400 Albert Street  
Ottawa, Ontario  
K1R 5B2

Attention: Registered Plans Dept.

Re: Mr. Marcel Cadieux  
SIN: 416-915-601  
CS CO-OP RSP #108-035-9

Attached, please find Government of Canada cheque number 538-0018585 dated 80-02-05 in the gross and net amount of \$39,121.32 representing Severance Pay issued on behalf of the above mentioned former employee of this Department.

Mr. Cadieux wishes to have this amount included in his Registered Retirement Savings Plan administered through your company.

Mrs. D. Revine, A/Head  
Compensation & Benefits Section  
Public Service Personnel Branch

*CA*  
*14/22*  
*80/2/7*  
*nk*

Department — Ministère	No.	Branch, Division or Unit — Direction, division ou service	Source
Royal Canadian Mounted Police	30	35 Capital Region Pay Office	538

Co-operative Trust Co. of Canada  
 For: M. Cadieux  
 RCM  
 P/L 035  
 SIN # 416 915 601

Name and Address of Payee — Nom et adresse du bénéficiaire

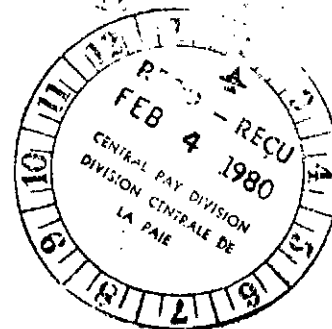
Correspondence relating to this remittance should be directed to the Department indicated above quoting the cheque number.  
 La correspondance afférente à cette remise peut être adressée au ministère précité; prière d'indiquer le numéro du chèque.

Document No. — N° de document

Date of Requisition — Date de demande  
 30/01/80

Cheque No. and Date  
 N° de chèque et date  
 Feb 05, 1980  
 538-00/8585

Particulars — Détails	Invoice No. N° de la facture	Canadian Amount Montant canadien
28 weeks Severance Pay at 1397.20 per week		39121 32
TOTAL		391001228



REVIEWER.....

ADMIN. RECORDS

1980-02-07

PS 12246

Mr. Marcel Cadieux  
Office of Maritimes Affairs  
Dept. Of External Affairs  
125 Sussex Drive  
Ottawa, Ontario

Dear Mr. Cadieux:

Attached, for your information is a copy of a  
letter send to Co-Operative Trust Co. of Canada  
this date as well as cheque stub #538-0018585.

We trust the above is satisfactory.

Yours truly

Mrs. D. Revine, A/Head  
Compensation & Benefits Section  
Public Service Personnel Branch

PA  
14/22/6  
80/2/6  
rA

REVIEWER..... 51

ADMIN. RECORDS

1980-01-30

PS 12246

Mr. Marcel Cadieux  
Office of Maritimes Affairs  
Department of External Affairs  
125 Sussex Drive  
Ottawa, Ontario

Dear Mr. Cadieux:

Attached please find Government of Canada cheque number 536-1845910 dated 80-01-23 in the gross amount of \$1415.01, net \$1054.38 representing salary owing on termination of employment for period 79-12-24 to 79-12-28 inclusive and also including an adjustment of Unemployment Insurance deduction for 1979.

We trust the above is satisfactory.

Yours truly

Mrs. D. Revine, A/Head  
Compensation & Benefits Section  
Public Service Personnel Branch

*Sent by Duty Officer*

**P.A.**

JAN 30 1980

ADM. 14/12  
INT. *[Signature]*



Royal Canadian Mounted Police Gendarmerie royale du Canada

*12246*  
12246

REVIEWER  
RÉVISEUR

4

Your file

Votre référence

1980-01-29

APR 17 1980

Our file

Notre référence

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

Monsieur W. Maidens  
Directeur, Division de la  
planification des ressources humaines  
Direction générale des programmes  
de la haute direction

Cher monsieur Maidens:

Suite à votre demande du 15 janvier 1980, veuillez trouver  
sous-mentionné les renseignements demandés:

Nom: Cadieux, Marcel (M)

Titre: Négociateur des frontières  
Maritimes non délimitées

et

Conseiller spécial auprès du  
Commissaire et Directeur  
général de la Sécurité  
Gendarmerie royale du Canada

Groupe et niveau: DM 3

Adresse à domicile: 2047 Chalmers Road  
Ottawa, Ontario  
K1H 6K4

Date d'entrée en vigueur de la retraite:  
29 décembre 1979

Nombre d'années de service public:  
38 ans, 4 mois et 8 jours

...2

*LA*  
001232 3

-2-

Si vous désirez de plus amples renseignements, n'hésitez pas  
à communiquer avec moi au numéro 993-2044.

Bien à vous,

A handwritten signature in black ink, appearing to read 'M. Séguin', with a stylized, cursive flourish extending to the right.

Michel Séguin  
Officier responsable  
Sous-direction du personnel  
de la Fonction publique

REVIEWER.....

51

(33)

ADMIN. RECORDS

PS 12246

M. Cadieux

Salary on SOS eff 29/12/79.

Due 72900.

$$= 279.4388 \times 5 = 1397.19$$

+ UI rebate 1979 17.80

CRPD issued 1397.21 on 23-1-80

Total 1415.01

P.A.  
JAN 29/1980  
ADM. 14/22  
INIT.

REVIEWER..... *SL*

ADMIN. RECORDS

1980-01-28

PS 12246

Mr. Marcel Dadieux  
Office of Maritimes Affairs  
Department of External Affairs  
125 Sussex Drive  
Ottawa, Ontario

Dear Mr. Cadieux:

Attached, please find Government of Canada cheque number 538-0018163 dated 80-01-23 in ~~the~~ gross amount of \$61,127.24, net \$31,207.07 representing 218.75 days of unused annual leave on termination of employment.

We trust the above is satisfactory.

Yours truly

*for* *DR*  
Mrs. D. Revine, A/Head  
Compensation & Benefits Section  
Public Service Personnel Branch

PS Salary owing on termination will be issued shortly.

*Sent by  
duty officer*

*PA*  
*14/22*  
*80/11/28*  
*CR.*



Department — Ministère	No.	Branch, Division or Unit — Direction, division ou service	Source
ROYAL CANADIAN MOUNTED POLICE	30	35 CAPITAL REGION PAY OFFICE	538

M. CADIEUX  
R.C.M.  
PL 035  
SIN 416-915-601

Name and Address of Payee — Nom et adresse du bénéficiaire

Correspondence relating to this remittance should be directed to the Department indicated above quoting the cheque number.

La correspondance afférente à cette remise peut être adressée au ministère précité; prière d'indiquer le numéro du chèque.

Document No. — N° de document

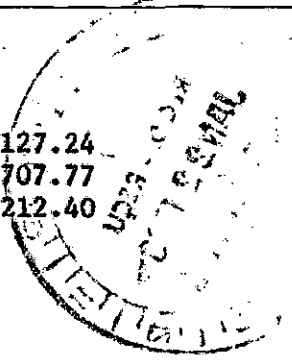
Date of Requisition — Date de demande

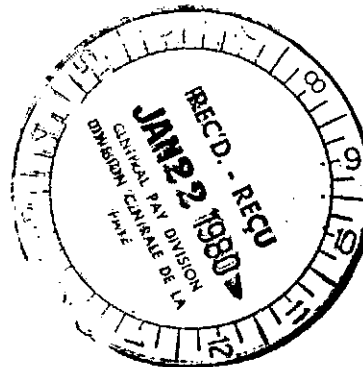
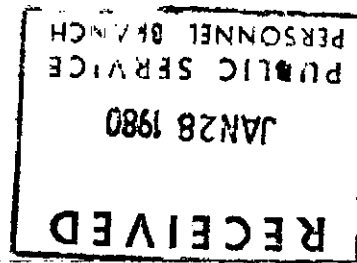
18-1/80

Cheque No. and Date.  
N° de chèque et date

*Jan 23, 1980*

*538-0018163*

Particulars — Détails	Invoice No. N° de la facture	Canadian Amount Montant canadien
<p>Payment of 218.75 Days 6f Vacation credit leave at 72900.00 per annum : 61127.24 less tax 29707.77 less CPP 212.40</p> 	<p>P.A. JAN 22 1980 ADM. 14/ INIT. <i>[Signature]</i></p>	<p>31207 07</p>
TOTAL		31207 001236



1980-01-17

P.S. 12246

Mr. Marcel Cadieux  
2047 Chandlers Road  
OTTAWA, Ontario  
K1H 6K4

REVIEWER  
RÉVISEUR

*Chalmers*

JAN 24 1980

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

Dear Mr. Cadieux,

Returned herewith is form CPP 1101 - Statement of Contributory Salary and Wages - Canada Pension Plan for your signature and return for processing.

I am also returning your copy of the Pension Information Release Form DSS 2265 which should be kept along with your other personal retirement documents.

Yours truly,



Mrs. D. Revine  
A/Head, Compensation & Benefits Section  
Public Service Personnel Branch

HT/nhb

*PA  
adm  
14/22  
80-1-17  
HD*

● HANDWRITE - ÉCRIRE À LA MAIN

Classified Document divulgué en vertu de la Loi sur l'accès à l'information

PS 12246

1	TO - À	FROM - DE	DATE
	note to file	14/22 CT	16/1/80
2			
3			
4			
SUBJECT - SUJET		Retirement - M. Cadieux	

REVIEWER  
RÉVISEUR

JAN 24 1980

☐ Comments  
Commentaires☐ Prepare Reply  
Réponse à rédiger☐ Make File(s)  
Dossier(s) à ouvrir☐ Perusal - No action required  
Pour information - aucune suite requise☐ Prepare Brief  
Exposé à préparer☐ Return with Courriel  
DOSSIER ADMINISTRATIF courriel☐ Examination and Action  
Pour examen et suite☐ See Sender  
Voir l'expéditeur☐ Check Records  
Vérifier les archivesADMIN RECORDS  
DOSSIERS ADMINISTRATIFS

## REMARKS - COMMENTAIRES

## REPLY - RÉPONSE

Reviewing DSS 1422 Ded from Annuity / Payroll deductions. It was noted that Civil Service Mutual Benefits Society @ .82¢ per month was not indicated.

Phoned Doreen Roberts @ 2-7738 to advise of the above & will ask Mr. Cadieux & call me back.

After numerous phone calls to Doreen Roberts regarding same she advised this office on 24/1/80 that Mr. Cadieux wants to retain coverage.

A-5 (4/77) 7530-21-029-4767

ROYAL CANADIAN  
MOUNTED POLICEGENDARMERIE ROYALE  
DU CANADATRANSIT  
SLIPFICHE  
DE SERVICE

PA	Initial - Initiales	Date
	CT	24/1/80

001239



Date 580-7-16-7

TO PS 12246  
à File  
Cadioux, M.

FROM  
DE 14/22 HT

Comments ☐ Commentaires  
Perusal - No Action Required ☐ Pour information - aucun action requis  
Examination and Action ☐ Pour examen et suite  
Prepare Reply ☐ Réponse à rédiger  
Prepare Brief ☐ Exposé à préparer  
See Sender ☐ Voir l'expéditeur

Make File(s) ☐ Dossier(s) à ouvrir  
Return with Current File ☐ Retourner avec le dossier courant  
Check Records ☐ Vérifier les archives  
Instructions ☐ Directives

4  
REVIEWER  
RÉVISEUR  
JAN 24 1980  
ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

REMARKS  
COMMENTAIRES

Further to my note to file of 80-1-11  
Spoke to Bernard re salary going on  
SOS & Unused Annual Leave.  
He has actioned our input on the  
above; however, as the amt of the payment  
will exceed 9999.99, his input will  
be rejected. When he receives reject, he  
will re-enter & before doing same, he must  
issue requisition to calculate the amt of  
Income Tax to be deducted which  
cannot be done manually. Once all of  
this done, they will have cheque typed  
urgent. This could take another 2 wks  
according to him.

I informed Green @ Cst Affairs &  
she mentioned there is not alarm as  
he's received salary fr Cst Affairs. (Cadioux's  
working on Special Projects.

Celine: Cheques shld be delivered by hand to:  
Office of Maritime Affairs  
Department of External Affairs  
125 Sussex Dr.  
Ottawa Ont  
Attn: Mr M. Cadioux

001240

Public Service Commission  
of Canada

Commission de la Fonction publique  
du Canada

Senior Executive Programs  
Branch

Direction générale des programmes  
de la haute direction

OTTAWA (Ontario)

K1A 0M7

15 janvier 1980

Monsieur M. Séguin  
Officier Responsable  
Direction du personnel de la  
Fonction publique et des services  
Gendarmerie Royale du Canada  
255, rue Tremblay  
Edifice Pickering  
2<sup>e</sup> étage, Pièce 255  
Ottawa (Ontario)  
K1A 0R2

REVIEWER  
RÉVISEUR

APR 17 1980

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

Monsieur,

La retraite des hauts fonctionnaires sera soulignée pour la 2<sup>e</sup> année consécutive, par la remise du Certificat de retraite aux agents supérieurs, en avril prochain. Le certificat est décerné annuellement par le Gouverneur général du Canada aux officiers du rang de sous-chef, sous-chef adjoint, ou d'un poste assimilé, ainsi qu'aux diplomates de niveau correspondants. Y sont admissibles tous les agents qui ont au moins dix (10) années de service public et qui ont pris leur retraite pendant l'année civile 1979.

Pour nous aider à dresser une liste de récipiendaires, nous vous demandons de signaler à notre attention les officiers de votre ministère qui sont admissibles au certificat, selon les critères ci-haut mentionnés.

Nous avons besoin des renseignements suivants sur chaque récipiendaire: nom (nom de famille, prénom, initiales) titre, groupe et niveau, adresse à domicile, date d'entrée en vigueur de la retraite, nombre d'années de service public. Afin de préparer la documentation nécessaire et de pouvoir informer les intéressés quant aux détails de la cérémonie et de la réception, je vous demanderais de me faire parvenir cette information d'ici le 5 février 1980. Sur réception des noms, nous préparerons un premier jet de citation résumant la carrière des fonctionnaires concernés, après quoi nous vous demanderons d'en vérifier l'exactitude.

*Helene,  
svp me fournir  
les détails le  
plus tôt possible  
80/01/18*

.../2

001241

- 2 -

Pour de plus amples renseignements à ce sujet, je vous prie de communiquer avec moi au numéro 995-7364. Si votre ministère n'a aucun nom à soumettre, j'apprécierais une réponse à cet effet.

Veuillez agréer, Monsieur, l'expression de mes sentiments distingués.

A handwritten signature in dark ink, appearing to read 'W. Maidens', with a stylized, cursive script.

Warren Maidens  
Directeur, Division de la planification  
des ressources humaines  
Direction générale des programmes de la  
haute direction

Government  
of CanadaGouvernement  
du CanadaTRANSMITTAL NOTE AND RECEIPT  
NOTE D'ENVOI ET REÇU

File No. — N° du dossier

PS 12246

TO — A

Capital Region Pay Office  
Finance Building  
Tunny's Pasture  
Ottawa, Ontario K1A 0T2

ORIGINATOR AND ADDRESS — INITIATEUR ET ADRESSE

RCMPolice  
1200 Alta Vista Drive  
Ottawa, Ontario  
K1A 0R2

Security Classification — Classification de sécurité

☒ Confidential  
Confidentiel☐ Secret☐ Top Secret  
Très Secret

0242

☐ With Enclosure(s)  
Avec annexe(s)☐ Without Enclosure  
Sans annexeQUANTITY  
QUANTITÉ

REFERENCE/COPY NO. — N° DE RÉFÉRENCE

DESCRIPTION

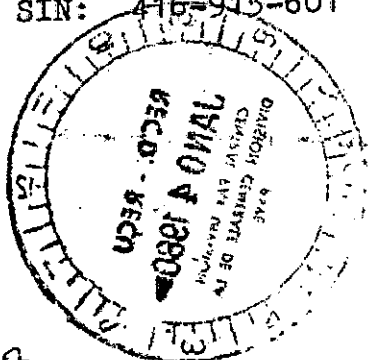
1 RCM 035 SIN: 416-915-601 CADI

- DSS 2000 for certification and  
forwarding to Sup'n Division as  
empl. is retiring to an Immediate  
Ameff. 1979-12-29

P.A.

MAR 6 1980

RCM 1A/3

REVIEWER  
RÉVISEUR

MAR 10 1980

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

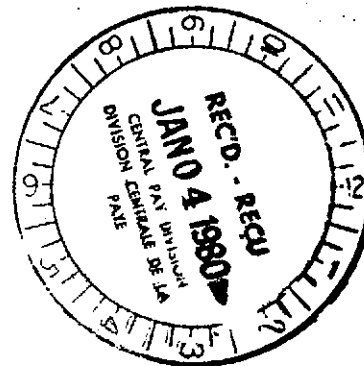
Originator's Signature — Signature du l'initiateur

Celene Tougas  
Signature19-12-28  
Date

Received By — Reçu par

B. Cuffin  
Signature15/1/80  
Date

001243



DOSSIERS ADMINISTRATIFS  
ADMIN. RECORDS  
LEAISEUR  
BEAUSIEUR

ADMIN. CONTROL FIELDS	1. <input checked="" type="checkbox"/> NEW-NOUVEAU	2. PREVIOUS FORM NUMBER NUMÉRO PRÉC. DE FORMULE	3. <input type="checkbox"/> INDIVIDUAL RECORD REGISTRE INDIVIDUEL	4. PSC 1306	5. DEPARTMENT - MINISTÈRE ICMP	7. PAGE
ZONES DE CONTRÔLE ADMIN.	TO CORRECTION	SEQ. - SEQ.	2517TB ATTACHED - CLANNEXÉE	1. ATTACH - CLANNEXÉE 2. TO FOLLOW - A SUIVRE 3. NOT APPL. - SANS OBJET	6. BRANCH - DIRECTION Person's	

LINE 2 - LIGNE 2

[illegible]

NOVES DE SITUATION

STATUSES - E-FILES

SCH. NRS. WORK (SSW)	ASSIGNED WRK. WK. SEM. DESIGNÉE	MON. STAND. WK. TRAV.	PAY CYCLE CODE DE PAVE	D.B. ELIG. PREST. DÉCÈS	CORRIPP RPC/RMQ	PENSION TYPE - CODE - TYPE PENSION	UI/ELIG. - CODE - ADMIS. ASS. C.	OUE MED. ELIG. ASS-MAL QUÉBEC	TAX ELIG. - CODE - IMPOT	FED. TAX EXEMPT EXON. IMPOT FED.	PROV. TAX EXEMPT EXON. IMPOT PROV.	START CONT. SERVICE DEBUT SERV. CONT.	AREA OF RES. REGION DE RES.	DULTD. - CODE - AVALID	REASON FOR LEAVING MOTIF DU DÉPART
3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4
2	3	4	6	7	8	9	0	1	2	3	4	5	6	7	8

**LINE 4 - LIGNE 4**

LINE 5 - LIGNE 5																		
	NEXT PROCH.	STAT. DATE AUG. STAT.	INCR. MM	DATE YY-AA	VAC PAY POURCENT, PAYS VAC.	POSITION NUMBER NO DU POSTE		POSITION CLASS CLASSE DU POSTE		APPOINT. TYPE - DE NOMINAT.	DIPLOMATIC RANK RANG DIPLOMATIQUE							
						BR-DIR.	NUMBER-NUMERO	GRF.	S-GRP.									
4	5				5	5	5	5	5	5	5							5
9	0				1	2	3	3	4	4	7							8

**LINE 5 - LIGNE 5**

[illegible]

NOZES D-INTERVENT-ON DE PAYE

PAY AUT-OZ E-EDS

[illegible]

**T(6/78) - 7540-21-868-3011**

001245

DEPARTEMENTAL USE  
À L'USAGE DU MINISTÈRE 4



Supply and Service  
Canada

Approvisionnement et Services  
Canada

Superannuation Division

Division des pensions de retraite

REVIEWER  
RÉVISEUR

JAN 24 1980

CHECK LIST OF RETIREMENT DOCUMENTS  
LISTE DE CONTRÔLE DES DOCUMENTS DE RETRAITE ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

TO - À: SUPERANNUATION - DIVISION - DES PENSIONS DE RETRAITE

FROM - DE: PERSONNEL OFFICE - BUREAU DU PERSONNEL

SUPERANNUATION NUMBER  
NUMÉRO DE PENSION

45733

DATE

~~1980-01-15~~

NAME - NOM <b>CADIEUX Marcel</b>	S.I.N. - N.A.S. <b>416-915-601</b>	S.O.S. - C.D'E. <b>1979-12-29</b>	AGE AT S.O.S. ÂGE À LA C.D'E. <b>64 yrs / 195 dy</b>
SERVICE CREDIT AT S.O.S. DATE CREDIT DE SERVICE À LA DATE DE C.D'E. YEARS <b>35</b> DAYS ANNÉES JOURS	PREPARED BY - PRÉPARÉ PAR <b>Celine Tougas</b>		PHONE - TÉLÉPHONE <b>993-2600</b>

PLEASE NOTE: ALL ESSENTIAL DOCUMENTS MUST BE SUBMITTED AT ONE TIME. SEE REVERSED SIDE  
VEUILLEZ NOTER: TOUS LES DOCUMENTS DOIVENT ÊTRE TRANSMIS EN MÊME TEMPS. VOIR VERSO

DOCUMENTATION REQUIRED CHECK APPLICABLE COLUMN - DOCUMENTATION REQUISE COCHER LA COLONNE APPROPRIÉE

DOCUMENTATION - DISPOSITION - DE LA DOCUMENTATION	ENCLOSED INCLUS	PREVIOUSLY SENT ENVOYÉ ANTÉRI- EUREMENT	SENT TO PAY ENVOYÉ AU BUREAU DE PAYE	TO FOLLOW SHORTLY ENVOYÉ PROCHAINEMENT	NOT REQUIRED NON REQUIS
CONTRIBUTOR'S PROOF OF AGE PREUVE D'ÂGE DU COTISANT		XX			
TERMINATION NOTICE AVIS DE CESS. D'EMPLOI		XX			
DSS 2000 - NON-ELECTIVE PENSIONABLE SERVICE RECORD ÉTAT DE SERVICE NON FACULTATIF OUVRANT DROIT À PENSION		XX			
DSS 2011 - OPTIONAL BENEFIT FORM FORMULE DE PRESTATIONS FACULTATIVES					
DSS 2012 - MEDICAL EXAMINATION EXAMEN MÉDICAL					
DSS 1422 - DEDUCTIONS FROM ANNUITY RETENUES SUR LA PENSION	XX				
TD1/TPD1 - TAX EXEMPTIONS EXEMPTIONS D'IMPÔT	XX				
DSS 2009 - REQUISITION FOR A RETURN OF CONTRIBUTIONS DEMANDE DE REMBOURSEMENT DE COTISATIONS					
MARRIAGE CERTIFICATE CERTIFICAT DE MARIAGE					
PROOF OF AGE OF SPOUSE PREUVE D'ÂGE DU CONJOINT					
PROOF OF AGE OF CHILD (REN) PREUVE D'ÂGE DES ENFANTS					
DEATH CERTIFICATE OF CONTRIBUTOR CERT. DE DÉCÈS DU COTISANT					
DEATH CERTIFICATE OF SPOUSE CERT. DE DÉCÈS DU CONJOINT					
DSS 2010 - STATUTORY DECLARATION CHILD UNDER 18 DÉCLARATION STATUTAIRE ENFANT DE MOINS DE 18 ANS					
DSS 2002 - STUDENT (18-25 YRS) ALLOWANCE APPLICATION ÉTUDIANT 18 À 25 ANS DEMANDE D'ALLOCATION					
DSS 2008 - DETERMINATION OF PAYEE RENSEIGNEMENTS SUR LE PRESTATAIRE					
DSS 2196 - DESIGNATION OF BENEFICIARY DÉSIGNATION DU BÉNÉFICIAIRE					
DSS 2007 - S.D.B. PAYMENT REQUISITION DEMANDE DE PAIEMENT DE LA P.S.D.					
DSS 2017 - ELECTION TO CONTINUE S.D.B.P. DÉCISION DE CONTINUER DE PARTICIPER AU R.P.S.D.					
DSS 2223 - S.D.B. CLAIM FORM FORMULE DE DEMANDE DE LA P.S.D.					
DSS 2224 - INFORMATION C.E.B. FORM FORMULE DE RENSEIGNEMENT DU R.P. DSS 2265 PENSION DSS 2234 - STATEMENT OF UNDERTAKING DÉCLARATION D'ENGAGEMENT	XX				

DSS - MAS 2241 (10/76) 7540-21-874-0843

RETIREMENT DOCUMENTATION CHART - TABLEAU DES DOCUMENTS DE RETRAITE

RETIRED PERSON'S INFORMATION		DOCUMENTS REQUIRED - DOCUMENTS REQUIS										AS APPLICABLE A ÊTRE TRANSMIS SI NÉCESSAIRE									
NOTE	TYPE OF RETIREMENT GENRE DE RETRAITE	CONTRIBUTOR'S PREUVE D'ÂGE DU COTISANT	TERMINATION NOTICE AVIS DE CESSATION D'EMPLOI	DSS 2000 NON-ELIGIBLE PENSION DROIT À PENSION NON FACULTATIF DURANT DSS 2000 ÉTAT DE SERVICE	DSS 2011 FORMULAIRE BENEFIT FORM	DSS 2011 FORMULAIRE DE PRESTATIONS FACULTATIVES	DSS 2012 MEDICAL EXAMINATION FORM DSS 2012 FORMULAIRE D'EXAMEN MEDICAL	DSS 1422 DEDUCTIONS FROM ANNUITY DSS 1422 RETENUES SUR LA PENSION	TPDI - TAX EXEMPTIONS SUR LA PENSION	TPDI - EXEMPTIONS D'IMPOT	DSS 2009 - REQUISITION FOR A RETURN OF CONTRIBUTIONS DSS 2009 - DEMANDE DE REM- BOURSEMENT DE COTISATIONS	MARRIAGE CERTIFICATE CERT. DE MARIAGE	PROOF OF SPOUSE'S AGE PREUVE D'ÂGE DU CONJOINT	PROOF OF CHILDREN'S AGE PREUVE D'ÂGE DES ENFANTS	DEATH CERTIFICATE OF CONTRIBUTOR CERT. DE DÉCÈS DU COTISANT	DEATH CERTIFICATE OF SPOUSE - CHILD(REN)'S JOINT OR DECEASED CHILD(REN) DSS 2010 - STAT. DECLARA- TION CHILD UNDER 18 DSS 2010 - DÉCLARATION STATUTAIRE ENFANT DE MOINS DE 18 ANS	DSS 2002 - STUDENT ALLOWANCE APPLICATION (18-25) DSS 2002 - ÉTUDIANT (18-25)				
ALL CASES OF RETIREMENT PRIOR TO AGE 65 A C.P.P. RELEASE FORM DSS 2224 AND A STATEMENT OF UNDERTAKING DSS 2234 MUST ACCOMPANY THE RETIREMENT DOCUMENT. DANS TOUS LES CAS DE RETRAITE AVANT 65 ANS LA FORMULE DE RENSEIGNEMENT DU R.P.C., DSS 2224 ET LA DÉCLARATION D'ENGAGEMENT DSS 2234 DOIVENT ACCOMPAGNER LES DOCUMENTS DE RETRAITE.	BENEFIT SELECTION CHOIX DE PRESTATIONS	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
	AGE 60 OR OVER: 5 OR MORE YEARS PENSIONABLE SERVICE (NOT MISCONDUCT) 60 ANS OU PLUS: 5 ANS OU PLUS DE SERVICE VALABLE (PAS POUR INCONDUITE)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
	AGE 55 OR OVER: 30 OR MORE YEARS PENSIONABLE SERVICE (NOT MISCONDUCT) 55 ANS OU PLUS: 30 ANS OU PLUS DE SERVICE VALABLE (PAS POUR INCONDUITE)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
ILL-HEALTH OR DISABILITY UNDER AGE 60 MOINS DE 60 ANS : INVALIDITÉ	1. IMMEDIATE ANNUITY PENSION IMMÉDIATE	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
	2. GREATER OF: CASH TERMINATION ALLOWANCE OR RETURN OF CONTRIBUTIONS (AND IMMEDIATE ANNUITY ON LOCK-IN IF APPLICABLE) LE PLUS ÉLEVÉ - D'UNE ALLOCATION DE CESSATION EN ESPÈCES OU - D'UN REMBOURSEMENT DE COTISATIONS (OU PENSION IMMÉDIATE SUR LE SERVICE RETENU)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
	1. IMMEDIATE ANNUITY PENSION IMMÉDIATE	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
AGE 60 OR OVER: LESS THAN 5 YEARS PENSIONABLE SERVICE AND SUBJECT TO SECTION 11(2) 60 ANS OU PLUS: MOINS DE 5 ANS DE SERVICE VALABLE ET SUJET À LA SECTION 11(2)	2. GREATER OF: CASH TERMINATION ALLOWANCE OR RETURN OF CONTRIBUTIONS LE PLUS ÉLEVÉ - D'UNE ALLOCATION DE CESSATION EN ESPÈCES OU - D'UN REMBOURSEMENT DE COTISATIONS	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
	1. DEFERRED ANNUITY PENSION DIFFÉRÉE	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
	2. ANNUAL ALLOWANCE EARLIEST AGE 50 ALLOCATION ANNUELLE (PAS AVANT 50 ANS)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
AGE UNDER 60: 5 OR MORE YEARS PENSIONABLE SERVICE - NOT MISCONDUCT OR ILL-HEALTH MOINS DE 60 ANS: 5 ANS OU PLUS DE SERVICE VALABLE (PAS POUR INCONDUITE OU INVALIDITÉ)	3. RETURN OF CONTRIBUTIONS REMBOURSEMENT DE COTISATIONS	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
	D.A. LOCK-IN APPLIES TO SERVICE AFTER SEPTEMBER 30, 1967 PENSION DIFFÉRÉE SUR LE SERVICE RETENU APRÈS LE 30/09/67	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
	1. IMMEDIATE ANNUITY PENSION IMMÉDIATE	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
MISCONDUCT ANY AGE AND PENSIONABLE SERVICE 5 OR MORE YEARS - SUBJECT TO T.B. APPROVAL INCONDUITE ET 5 ANS OU PLUS DE SERVICE VALABLE AVEC LE CONSENTEMENT DU CONSEIL DU TRÉSOR	2. DEFERRED ANNUITY PENSION DIFFÉRÉE	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
	3. ANNUAL ALLOWANCE AGE 50 AS EARLIEST ALLOCATION ANNUELLE (PAS AVANT 50 ANS)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
	4. RETURN OF CONTRIBUTIONS REMBOURSEMENT DE COTISATIONS	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
DEATH IN SERVICE - DÉCÈS DANS LE SERVICE	1. ALLOWANCE TO SPOUSE ALLOCATION AU CONJOINT	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
	2. ALLOWANCE TO CHILD (REN) - STUDENT ALLOCATION AUX ENFANTS OU ÉTUDIANTS	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
	3. MINIMUM BENEFIT TO ESTATE OR BENEFICIARY PRESTATION MINIMUM À LA SUCCESSION OU BÉNÉFICIAIRE	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				



80-1-173

TO File PS12246  
À Marcel Cadieux

FROM  
DE 14/22 HT.

Comments ☐ Commentaires

REVIEWER

4

Make File(s) ☐ Dossier(s) à ouvrir

Perusal — No Action Required ☐

Pour information — aucun ☐ Reviser

Return with Current File ☐

Retourner avec le dossier courant ☐

Examination and Action ☐

Pour examen et suite ☐

Check Records ☐

Vérifier les archives ☐

Prepare Reply ☐

Réponse à rédiger ☐

Instructions ☐

Directives ☐

Prepare Brief ☐

Exposé à préparer ☐

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

See Sender ☐

Voir l'expéditeur ☐

JAN 24 1980

REMARKS  
COMMENTAIRES

Rec'd fr Denise Investment Forms  
for Cadieux on 80-1-9.  
Reviewed Forms & noticed the amt  
he so wishes invested is not indicated on  
any of the forms.  
Called Doreen Roberts 10/1/80 & she  
was away; spoke to Mrs. Dymes & she  
confirmed the wishes total amt invested.

REPLY  
RÉPONSE

Celine: Please process on an urgent  
basis & add necessary amt on all forms.

P.S. Called Bernard 80-1-11 & informed  
him to process Mr Cadieux's SOS  
on an urgent basis & give him reason why.  
He said he would. I will call him back  
next Thursday 17-1-80 to see at what  
stage its at.

DA2  
001248



Government  
of Canada

Gouvernement  
du Canada

ROUND TRIP MEMORANDUM

Document disclosed under the Access to Information Act -  
Document divulgué en vertu de la Loi sur l'accès à l'information  
78-12-19

FROM  
DE

APRE / Envernon Affairs

File No. (originator) — Dossier n° (source)

TO  
A

Remo - M. Séguin  
Officer in Charge  
P.S. Personnel

File No. (addressee) — Dossier n° (destinataire)

REVIEWER  
RÉVISEUR

4

Subject - Objet

M. Cadieux

JAN 24 1980

Attached are the following forms:

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

TD1 - Tax Deductions

DSS 1422 - Deductions from Annuity

DSS 2265 - Pension Information Release

CPP 1101 - Statement of Salary & Grades

Please complete where necessary and forward to the appropriate  
sections or office.

Thank you!

Signature

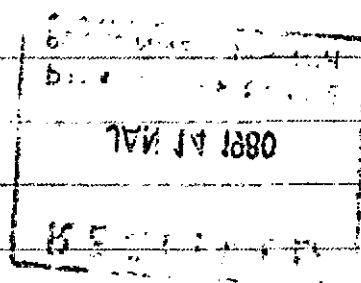
J.C. Hynes

Date

9-1-80

Reply - Réponse

7540-21-029-0717



GC 59

Signature

Date

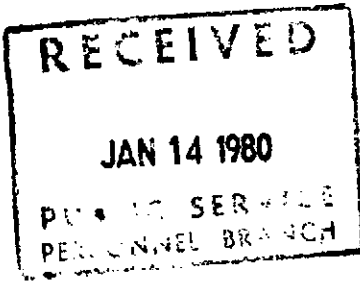
1

ADDRESSEE  
DESTINATAIRE

Please add reply — Keep this copy and return No. 2 to originator.  
Ajouter la réponse — Garder cet exemplaire et renvoyer le n° 2 à la source.

001249

PA  
14/22  
80/1/16



DO221E82 ADMINISTRATION  
ADMINISTRATION

JAN 14 1980

BRANCH  
PERSONNEL

Department of External Affairs



Canada

Ministère des Affaires extérieures

REVIEWER  
RÉVISEUR

JAN 24 1980

Your file No. PS 12246

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS  
OTTAWA, January 7, 1980.

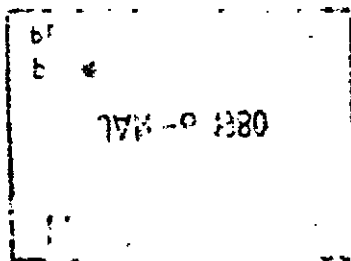
Dear Mrs. Revine,

I am returning herewith the completed Form 104  
concerning payment to OHIP in continuation of services,  
for Mr. Marcel Cadieux.

Yours sincerely,

Doreen Roberts

Mrs. D. Revine,  
A/Head, Compensation & Benefits Section,  
Public Service Personnel Branch,  
RCMP Headquarters,  
1200 Alta Vista Drive,  
OTTAWA.



1991, 1992, 1993, 1994

10. 1. 1997 17. 1. 1997

[illegible]

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

**Abstract**

**CERTIFICATE OF PAYMENT 1929**

**USE THIS FORM TO CONTINUE YOUR INSURANCE**

THE EDITOR, THE NEW YORK TIMES

ADDRESS: <b>2047 Chalmers Road</b> CITY: <b>Ottawa Ontario</b> <b>K1H 6K4</b>		PLEASE CHECK ONE PER BOX: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> FAMILY <input type="checkbox"/> ELIGIBLE <input type="checkbox"/> DEPENDENTS		PLEASE CHECK ONE PER BOX: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YOU ARE NOT REQUESTED FOR SMALL-PRIVATE INSURANCE, DO NOT CHECK AND WISH TO CONTINUE TO PLEASE INDICATE:	
* IF RURAL ROUTE OR GENERAL DELIVERY, LISTED DELIVERY ADDRESS HERE, TEL. NO., MAIL STOP NO.		* IF RURAL ROUTE OR GENERAL DELIVERY, LISTED DELIVERY ADDRESS HERE, TEL. NO., MAIL STOP NO.		* IF RURAL ROUTE OR GENERAL DELIVERY, LISTED DELIVERY ADDRESS HERE, TEL. NO., MAIL STOP NO.		* IF RURAL ROUTE OR GENERAL DELIVERY, LISTED DELIVERY ADDRESS HERE, TEL. NO., MAIL STOP NO.	

<p><b>3 ARE YOU OR YOUR SPOUSE 65 OR OVER?</b></p> <p>IF YES AND YOU HAVE BEEN THE OWNER OF THIS POLICY ADDING PREMIUM EXEMPTION MAY BE APPROPRIATE. INDICATE YOUR DATE OF BIRTH AND INITIALS BELOW AND COMPLETE THIS POLICY AS USUAL. PRINT OUT OF THIS FORM.</p> <p>DATE OF BIRTH: _____ INITIALS: _____</p> <p>IF IT IS YOUR SPOUSE, PRINT LAST NAME, ADDRESS OF SPOUSE, DATE OF BIRTH AND INITIALS, AND DATE OF POLICY. PRINT OUT OF THIS FORM.</p> <p>DATE: _____ INITIALS: _____</p>	<p><b>4 ARE YOU ELIGIBLE FOR PREMIUM ASSISTANCE?</b></p> <p>IF YOU HAVE BEEN A RESIDENT OF CALIFORNIA FOR THE LAST 12 MONTHS, YOUR ESTIMATED ANNUAL INCOME IS \$12,000 OR LESS, YOUR YEARLY EARNINGS ARE \$1,000 OR LESS, A SINGLE PERSON OR \$2,000 OR LESS FOR A FAMILY, YOUR INCOME IS APPROXIMATELY EQUAL TO THE FEDERAL AVERAGE AND YOU ARE AN ACTIVE MEMBER OF THE PROGRAM, COMPLETE THIS POLICY AS USUAL. PRINT OUT OF THIS FORM.</p> <p>DATE: _____ INITIALS: _____</p>
--	---

-104-22 (Rev 8-72)

TO BE MEASURED, FOLLOW LABEL ONLY ON "STANDARD" OF 100% COTTON YARN

Cal No. 7-2018

PA  
14/22

RCMP GRC

TRANSIT  
SLIP

FICHE  
DE SERVICE

Classification

File No. - N° du dossier

• HANDWRITE - ÉCRIRE À LA MAIN

TO A	D.O.P.	FROM - DE O. L. PSPBR
		REVIEWER RÉVISEUR
		JAN 24 1980

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Comments<br>Commentaires                                  | <input type="checkbox"/> Examination and Action<br>Lire et donner | <input type="checkbox"/> Prepare Brief<br>Préparer un exposé | <input type="checkbox"/> Return with Current File<br>Retourner avec le dossier actuel |
| <input type="checkbox"/> Perusal - No action required<br>À titre de renseignements | <input type="checkbox"/> Prepare Reply<br>Rédiger une réponse     | <input type="checkbox"/> Make File(s)<br>Ouvrir un dossier   | <input type="checkbox"/> Check Records<br>Vérifier les dossiers                       |

Subject - Sujet Retirement - Marcel Ladiant	Date 80-01-04
--	------------------

REMARKS (Use same A-5 for Reply when space permits) - REMARQUES (Si l'espace le permet, répondre sur cette formule)

Further to our conversation re the above please find attached A-5 explaining where we're at with M. Ladiant's retirement and a breakdown of monies paid to him since he's been with the R.C.M.P.

The first \$37,216.34 up to 79-04-01 was recovered from E.A. dept. at 50%. The next \$54,490.52 until retirement was recovered at 100%.

The \$100,248.66 for unused leave (61,127.23) and Severance Pay (39,121.43) is presently being processed and no recovery action has been undertaken to my knowledge.

I've also attached many pieces of correspondence which came to us from different sources once we learned of his retirement and started asking questions. Please sift through it and indicate to me what you want kept on his file.

Date	Init./N°
	001253

RCMP GRC

TRANSIT  
SLIP

FICHE  
DE SERVICE

Classification

File No. - N° du dossier

● HANDWRITE - ÉCRIRE À LA MAIN

<p>TO A</p> <p><i>Brian Lynch</i></p>	<p>FROM - DE</p> <p><i>Michel Legrain</i></p>
---------------------------------------	---

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Comments<br>Commentaires                                  | <input type="checkbox"/> Examination and Action<br>Lire et donner | <input type="checkbox"/> Prepare Brief<br>Préparer un exposé | <input type="checkbox"/> Return with Current File<br>Retourner avec le dossier actuel |
| <input type="checkbox"/> Perusal - No action required<br>À titre de renseignements | <input type="checkbox"/> Prepare Reply<br>Rédiger une réponse     | <input type="checkbox"/> Make File(s)<br>Ouvrir un dossier   | <input type="checkbox"/> Check Records<br>Vérifier les dossiers                       |

Subject - Sujet	Date
<i>Retirement - Marcel O. Fadden</i>	<i>80-01-04</i>

REMARKS (Use same A-5 for Reply when space permits) -- REMARQUES (Si l'espace le permet, répondre sur cette formule)

Further to our conversation re the above please find attached A-5 explaining where we're at with Mr. Fadden's retirement and a breakdown of monies paid to him since he's been with the R.C.M.P.

Para A. was recovered at 50% and 100%. The 100,248.66 in para B. could be recovered if "we" so decide.

I've also given a breakdown of the attached to the D.O.P. who I believe will be speaking to the C.F.O. on it.

P.A. - A.C.	
Date	init./N°
<i>8/1/80</i>	<i>22</i>
001254	

● HANDWRITE - ÉCRIRE À LA MAIN

Document divulgué en vertu de la Loi sur l'accès à l'information

PS 12246

1	TO - À	FROM - DE	DATE
2	Michel	Denise	80/11/3
3	Denise	Michael	80-1-4
4			
SUBJECT - SUJET		REVIEWER	
Marcel Ladieux		4	

☐ Comments  
Commentaires

☐ Prepare Reply  
Réponse à rédiger

☐ Make File(s)  
Dossier(s) à ouvrir

☐ Perusal - No action required  
Pour information - aucune suite requise

☐ Prepare Brief  
Exposé à préparer

JAN 24 1980

☐ Return with Current File  
Retourner avec le dossier courant

☐ Examination and Action  
Pour examen et suite

☐ See Sender  
Voir l'expéditeur
ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS
☐ Check Records  
Vérifier les archives

## REMARKS - COMMENTAIRES

1. See Hélène's A-5 re:  
current standing of  
Mr. Ladieux's retirement  
and also total salary  
+ entitlements paid  
by RCMP.

2. Should we p.a. correspond-  
ence on top of the  
file. (I'm baffled!  
Why so much involve-  
ment from Compensation  
Branch and why was  
P.S.P.B. not kept in the  
picture. Good thing  
we got a letter from  
External Affairs on  
Dec 18th, otherwise  
I'm afraid Mr. Ladieux  
might still be on  
the payroll.)

3. Please return every-  
thing to us when  
you're finished.

## REPLY - RÉPONSE

I've advised  
D.O.P. + C.F.O.  
see A-5 inside.  
Keep me posted  
See me before  
we send away  
the files since  
the series more  
stuff to be  
PAID.

A-5 (4/77) 7530-21-029-4767

ROYAL CANADIAN  
MOUNTED POLICEGENDARMERIE ROYALE  
DU CANADATRANSIT  
SLIPFICHE  
DE SERVICE

PA

Initial - Initiales Date

001255

● HANDWRITE - ÉCRIRE À LA MAIN

Class Document divulgué en vertu de la Loi sur l'accès à l'information

P.S. 12246

1	TO - À	Denise / Michel	FROM - DE	Nilère	DATE	80-01-03
2						
3					REVIEWER	4
4					RÉVISEUR	
SUBJECT - SUJET		Cadien, M.	Retired 79-12-29		JAN 24 1980	

- ☐ Comments  
Commentaires
- ☐ Perusal - No action required  
Pour information - aucune suite requise
- ☐ Examination and Action  
Pour examen et suite

- ☐ Prepare Reply  
Réponse à rédiger
- ☐ Prepare Brief  
Exposé à préparer
- ☐ See Sender  
Voir l'expéditeur

- ☐ Make File(s)  
Dossier(s) à créer
- ☐ Return with Current File  
Retourner avec le dossier courant
- ☐ Check Records  
Vérifier les archives

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

## REMARKS - COMMENTAIRES

## REPLY - RÉPONSE

Further to Michel's request to be posted on a daily basis on how it's getting along.

As of to date:

① Clarified & confirmed retirement date to be 79-12-29; my note on file dated 79-12-19 refers.

② Input required @ P.O. done; unused annual leave payment requested; Severance Pay payment held pending written decision fr Mr. Cadien of disposition of same.

③ Sup'n Division informed of retirement; all relevant docs sent except DSS 1422, Deductions fr Annuity, DSS 2265, C.P.P. Release Form & TD-1. Tax Dtd @ source which will be sent as soon as rec'd fr Cst Affairs completed.

2/ Michel had also requested a breakdown of total salary paid to Mr. Cadien while he was employed with us which is att'd.

A-5 (477) 7530-21-029-4767

ROYAL CANADIAN  
MOUNTED POLICEGENDARMERIE ROYALE  
DU CANADATRANSIT  
SLIPFICHE  
DE SERVICE

PA

Initial - Initiales

Date

001256

Commenced employment DM-3 78-09-08

Retired → 79-12-29

A// 66,500 pla /  
254.9065 pld  
X 76 d 78-09-08 TO 78-12-24 INCL  
19,372.894

254.9065 pld  
X 70 d 78-12-25 TO 79-04-01 INCL  
17,843.455

72,900 pla /  
279.4388 pld  
X 190 d 79-04-02 TO 79-12-23 INCL  
53,093.372

279.4388 pld  
X 5 d 79-12-24 TO 79-12-28 INCL  
1,397.194

SUB-TOTAL: 91,706.915

B// Unused Leave:

72,900.00 pla /  
279.4388  
X 218.75 DAYS  
61,127.237

[Note:] See letter dated  
79/03/14 (tabbed)  
for transfer of  
funds covering  
period 78/09/08  
to 79/03/31 (50% of  
cost)

Severance Pay:

72,900.00 pla /  
1,397.1940 plw  
X 28 WKS  
39,121.432

100,248.66

TOTAL: \$ 191,955.57

PLEASE ADDRESS  
CORRESPONDENCE TO:

THE COMMISSIONER  
ROYAL CANADIAN MOUNTED POLICE  
OTTAWA, CANADA  
K1A 0R2



PRÉRIER D'ADRESSER LES  
LETTRES COMME SUIT:

LE COMMISSAIRE  
GENDARMERIE ROYALE DU CANADA  
OTTAWA, CANADA  
K1A 0R2

HEADQUARTERS  
DIRECTION GÉNÉRALE

YOUR NO.  
VOTRE N°

OUR NO. PS 12246  
NOTRE N°

1980-01-02

REVIEWER  
RÉVISEUR

4

Mr. Marcel Cadieux  
2047 Chandlers Road  
Ottawa, Ontario K1H 6K4

*Chalmers*

JAN 24 1980

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

Dear Mr. Cadieux:

Please be advised that we have processed your retirement to an immediate annuity effective 79-12-29.

Attached please find an Unemployment Insurance Commission Record of Employment issued on your behalf.

Also attached is OHIP Certificate of Payment Form 104 for your completion and return to this office for forwarding to Superannuation Division on your behalf.

If you have any questions regarding your entitlements, please do not hesitate to contact the undersigned at 993-2600.

Mrs. D. Revine  
A/Head, Compensation & Benefits Section  
Public Service Personnel Branch

*FA adm  
14/22  
20/1/13  
12*

RECORD OF EMPLOYMENT / RELEVÉ D'EMPLOI

<b>1. Serial No. - N° de série</b> <div style="font-size: 24pt; font-weight: bold;">R01155323</div>		<b>2. Serial No. of record amended or replaced, N° de série du relevé modifié ou remplacé</b> <small>Guide, para 21.</small>		<b>17. For employer's use / Réservé à l'employeur</b> <div style="font-size: 24pt; font-weight: bold;">035/SIN</div>																																																																			
<b>3. Employer's Name and Address - Nom et adresse de l'employeur</b> <div style="font-size: 18pt; font-weight: bold;">RCMPolice</div> <div style="font-size: 18pt; font-weight: bold;">1200 Alta Vista Drive</div> <div style="font-size: 18pt; font-weight: bold;">Ottawa, Ontario</div>				<b>18. Additional Monies Paid or Payable on or after Termination of Employment / Autres sommes payées ou payables au moment de la cessation d'emploi ou après</b> <div style="font-size: 18pt; font-weight: bold;">(A) Vacation pay / Paye de vacances</div> <div style="font-size: 18pt; font-weight: bold;">\$</div> <div style="font-size: 18pt; font-weight: bold;">(B) For statutory holidays after termination (specify) - Pour fêtes légales après la cessation d'emploi (préciser)</div> <div style="font-size: 18pt; font-weight: bold;">\$</div> <div style="font-size: 18pt; font-weight: bold;">(C) Other monies (explain) - Autres sommes (Préciser) Guide, para 41</div> <div style="font-size: 18pt; font-weight: bold;">218,75 dys unused leave \$ 61,127.24</div>																																																																			
<b>4. Postal Code - Code postal</b> <div style="font-size: 18pt; font-weight: bold;">K1A0R2</div>		<b>5. RCT Employer Acct. No. / N° de compte de l'employeur à RC-I</b> <div style="font-size: 18pt; font-weight: bold;">D F I 4 0 0 0 7 1</div>																																																																					
<b>6. Employee's Name and Address - Nom et adresse de l'employé</b> <div style="font-size: 18pt; font-weight: bold;">Mr. Marcel Cadieux</div> <div style="font-size: 18pt; font-weight: bold;">2047 Chalmers Road</div> <div style="font-size: 18pt; font-weight: bold;">Ottawa, Ontario K1H 6K4</div>				<b>19. Pay Period / Période de paye</b> <div style="font-size: 18pt; font-weight: bold;">13 a year</div> <div style="font-size: 18pt; font-weight: bold;">1980-01-20</div>																																																																			
<b>7. Employee's Occupation - Profession de l'employé</b> <div style="font-size: 18pt; font-weight: bold;">DM-3</div>		<b>8. Employee's Social Insurance No. / N° d'assurance sociale de l'employé</b> <div style="font-size: 18pt; font-weight: bold;">4 1 6 9 1 5 6 0 1</div>		<b>20. Insurable Earnings by Pay Period (P.P.) (Starting with the last pay period, enter the insurable earnings for the insurable weeks shown in item 12, up to a maximum of 20 insurable weeks) / Rémunération assurable par période de paye (P.P.) (En commençant par la dernière période de paye, inscrire le montant de la rémunération assurable des semaines d'emploi assurable indiquées à la case 12, jusqu'à un maximum de 20 semaines.) Guide, para 43</b>																																																																			
<b>9. First Day Worked / Premier jour de travail</b> <div style="font-size: 18pt; font-weight: bold;">2 1 0 8 4 1</div>		<b>10. Last Day Worked / Dernier jour de travail</b> <div style="font-size: 18pt; font-weight: bold;">2 8 1 2 7 9</div>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:5%;">P.P.</th> <th style="width:35%;">Insurable Earnings / Rémunération assurable</th> <th style="width:15%;">P.P. Except. (weeks) / (Nbre de sem.)</th> <th style="width:5%;">P.P.</th> <th style="width:35%;">Insurable Earnings / Rémunération assurable</th> <th style="width:15%;">P.P. Except. (weeks) / (Nbre de sem.)</th> </tr> <tr><td>1</td><td>265.</td><td>1</td><td>11</td><td></td><td></td></tr> <tr><td>2</td><td>1060.</td><td></td><td>12</td><td></td><td></td></tr> <tr><td>3</td><td>1060.</td><td></td><td>13</td><td></td><td></td></tr> <tr><td>4</td><td>1060.</td><td></td><td>14</td><td></td><td></td></tr> <tr><td>5</td><td>1060.</td><td></td><td>15</td><td></td><td></td></tr> <tr><td>6</td><td>795.</td><td>3</td><td>16</td><td></td><td></td></tr> <tr><td>7</td><td></td><td></td><td>17</td><td></td><td></td></tr> <tr><td>8</td><td></td><td></td><td>18</td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td><td>19</td><td></td><td></td></tr> <tr><td>10</td><td></td><td></td><td>20</td><td></td><td></td></tr> </table>		P.P.	Insurable Earnings / Rémunération assurable	P.P. Except. (weeks) / (Nbre de sem.)	P.P.	Insurable Earnings / Rémunération assurable	P.P. Except. (weeks) / (Nbre de sem.)	1	265.	1	11			2	1060.		12			3	1060.		13			4	1060.		14			5	1060.		15			6	795.	3	16			7			17			8			18			9			19			10			20		
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<b>11. U.I. premiums payable up to / Cotisations d'assurance-chômage payables jusqu'au</b> <div style="font-size: 18pt; font-weight: bold;">2 8 1 2 7 9</div>																																																																							
<b>12. No. of weeks for which U.I. premiums were payable in the last 52 weeks or since the last record of employment was issued by you to this employee / Nbre de semaines à l'égard desquelles des cotisations d'A.C. étaient payables depuis les 52 dernières semaines ou depuis le dernier relevé d'emploi délivré par vous à cet employé</b> <div style="font-size: 18pt; font-weight: bold;">5 2</div>																																																																							
<b>(A) Please print this number in words - Veuillez inscrire ce nombre en lettres moulées</b> <div style="font-size: 18pt; font-weight: bold;">FIVE TWO</div>																																																																							
<b>13. Paid sick/maternity leave or wage loss indemnity payments payable after date shown in item 11 / Congé de maladie/maternité payé ou indemnités payables en vertu d'un régime d'assurance-salaire après la date indiquée dans le case 11</b> <div style="font-size: 18pt; font-weight: bold;">From Du: 2 1 0 8 4 1 For Pour: 2 8 1 2 7 9 Weeks Semaines</div>																																																																							
<b>14. Reason for issuing this record - Raison du présent relevé</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">Code</th> <th style="width:45%;">Reason - Raison</th> <th style="width:10%;">Code</th> <th style="width:45%;">Reason - Raison</th> <th style="width:15%;">Enter Code / Inscrire le code</th> </tr> <tr> <td>A</td> <td>Shortage of work / Manque de travail</td> <td>F</td> <td>Pregnancy / Grossesse</td> <td rowspan="5" style="text-align: center; vertical-align: middle;">G</td> </tr> <tr> <td>B</td> <td>Strike or lockout / Grève ou lock-out</td> <td>G</td> <td>Retired / Retraite</td> </tr> <tr> <td>C</td> <td>Return to school / Retour aux études</td> <td>H</td> <td>Work sharing / Travail partagé</td> </tr> <tr> <td>D</td> <td>Illness or injury / Maladie ou blessure</td> <td>J</td> <td>Apprentice training / Formation par apprentissage</td> </tr> <tr> <td>E</td> <td>Quit / Départ volontaire</td> <td>K</td> <td>Other (explain) / Autre (préciser) Guide, para 34</td> </tr> </table>						Code	Reason - Raison	Code	Reason - Raison	Enter Code / Inscrire le code	A	Shortage of work / Manque de travail	F	Pregnancy / Grossesse	G	B	Strike or lockout / Grève ou lock-out	G	Retired / Retraite	C	Return to school / Retour aux études	H	Work sharing / Travail partagé	D	Illness or injury / Maladie ou blessure	J	Apprentice training / Formation par apprentissage	E	Quit / Départ volontaire	K	Other (explain) / Autre (préciser) Guide, para 34																																								
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<b>Comments - Observations</b> <div style="height: 100px;"></div>																																																																							
<b>15. Expected date of recall / Date prévue de rappel</b> <div style="font-size: 18pt; font-weight: bold;">D-J M Y-A</div> <div style="font-size: 18pt; font-weight: bold;">XX Not returning / Retour non prévu</div> <div style="font-size: 18pt; font-weight: bold;">Unknown / Date non connue</div>																																																																							
<b>16. RCT No. used to obtain this form if different from item 5 / N° de compte à RC-I utilisé pour obtenir ce formulaire, s'il diffère de la case 5</b> <div style="font-size: 18pt; font-weight: bold;">Guide, para 36</div>																																																																							
<b>17. Employer: In which official language do you wish us to communicate with you? / Employeur: Dans quelle langue officielle désirez-vous que nous communiquions avec vous?</b> <div style="font-size: 18pt; font-weight: bold;">XX English / Anglais</div> <div style="font-size: 18pt; font-weight: bold;">French / Français</div>																																																																							
<b>21. Total insurable earnings for the weeks shown in item 12 / Rémunération assurable totale pour les semaines inscrites au numéro 12</b> <div style="font-size: 18pt; font-weight: bold;">\$ 1 3 7 8 0 00</div>																																																																							
<b>22. Tel. No. of issuer / N° de tél. du signataire</b> <div style="font-size: 18pt; font-weight: bold;">6 1 3 9 9 3 2 6 9 9</div>																																																																							
<b>23. I am aware that it is an offence to make false entries and hereby certify that all statements on this form are true. / Je reconnais que toute fausse déclaration constitue une infraction et j'atteste, par les présentes, que toutes les déclarations faites sur ce formulaire sont vérifiées. Guide, para 17</b> <div style="font-size: 18pt; font-weight: bold;">Signature: Celine Tougas</div> <div style="font-size: 18pt; font-weight: bold;">Name of issuer - please print / Nom du signataire (en lettres moulées)</div>																																																																							
<b>24. Date of issue - Date de délivrance</b> <div style="font-size: 18pt; font-weight: bold;">2 8 1 2 7 9</div>																																																																							

Information collected on this form might be used in the administration of the employment and benefit programs of the Canada Employment and Immigration Commission. It is collected by the Commission under the authority of the Unemployment Insurance Act, 1971. The (former) employee with respect to whom the information relates has access to the Commission's copy on request.

*Les renseignements qui figurent sur le présent formulaire peuvent être utilisés aux fins de l'application des programmes d'emploi et de prestations de la Commission de l'emploi et de l'immigration du Canada. Ils ont été recueillis par la Commission en vertu du pouvoir que lui attribue la Loi de 1971 sur l'assurance-chômage. L'ancien employé auquel ces renseignements se rapportent peut, s'il le désire consulter l'exemplaire de la Commission.*



THE CIVIL SERVICE CO-OPÉRATIVE  
CREDIT SOCIETY LIMITED

LA COOPERATIVE DE CREDIT  
DU SERVICE CIVIL LIMITEE

400 Albert  
Ottawa, Ontario K1R 5B2  
(613) 237-2480

REVIEWER  
RÉVISEUR

4

JAN 24 1980

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

~~December 31, 1979~~

Michel Seguin  
Officer in Charge  
Public Service Personnel  
R.C.M.P. H.Q.  
1200 Alta Vista Drive  
Room 261 P.B.  
Ottawa, Ontario

Re: Cadieux, Marcel  
S.I.N. 416-915-601  
CS CO-OP RSP #108-035-9

We are enclosing the required paperwork to effect transfer of Severance Pay for the above member. Please forward your cheque payable to the:

Co-operative Trust Co. of Canada,  
c/o 400 Albert Street  
Ottawa, Ontario  
K1R 5B2

Attention: Registered Plans Dept.

Please quote contract number when submitting cheque.

Your prompt attention to this transfer request is appreciated.

*Maurine Laford*

*per* Ruth MacDonald  
Supervisor - Registered Plans

/gd

Encl.

PA 14/22  
80-1-15  
CT



# Power of Attorney

WHEN GIVEN BY AN INDIVIDUAL

REFERENCE NO. 108-0359

Know all men by these presents that I, MARCEL CADIEUX (NAME IN FULL)  
2047 (HAWTHORNE RD) (FULL ADDRESS)  
of OTTAWA, K1A 6K4, in the province of ONTARIO, have made and appointed  
and by these presents do make and appoint COOPERATIVE TRUST CO (NAME OF ATTORNEY)  
of C/O MCCABE & CO, 51 UTTAWA, K1R 5B2, ONT (FULL ADDRESS)  
as my true and lawful attorney up to and inclusive of the 28 day of APR 1981  
(DATE) (MONTH)  
unless before that day I revoke this power of attorney by giving notice in writing to the Deputy Receiver General, Ottawa, to  
receive from the Receiver General for Canada all such sum or sums of money as are now due, or may hereafter become due  
and payable to me on the order of the Department of EXTERNAL AFFAIRS / DSS  
(NAME OF DEPARTMENT) of the Government of Canada,  
relative to SEVERANCE PAY (GIVE SUFFICIENT PARTICULARS TO IDENTIFY PAYMENT E.G. NUMBER, DATE AND PURPOSE OF CONTRACT) but not exceeding  
in all THIRTY NINE THOUSAND, ONE HUNDRED & TWENTY ONE (43/100) (\$ 39,121.43),  
and to give a receipt or receipts for the same, I hereby ratifying and confirming and agreeing to ratify and confirm all that my  
said attorney may do by virtue hereof.

Executed in the presence of:

As witness my hand at Ottawa (CITY, TOWN OR VILLAGE)  
this 27 day of APR A.D. 1981  
(DATE) (MONTH)  
[Signature] (SIGNATURE)

AFFIDAVIT OF WITNESS BELOW MUST BE COMPLETED

- NOTE: 1. All the parties who join in giving the power of attorney must sign.  
2. When the intention is to authorize a bank to receive money, the power of attorney should be in favour of such a bank and not in favour of its manager.  
3. No additions or alterations in the text of this form may be made.

T-156134-B of January 4, 1935, directs that "All powers of attorney shall be in a form approved by the Department of Justice".

## AFFIDAVIT OF WITNESS

PROVINCE OF ONTARIO  
To Wit: I, MARCEL CADIEUX (FULL NAME OF WITNESS) of 2047 (HAWTHORNE RD) (FULL ADDRESS)  
in the province of ONTARIO make oath and say:-

1. That I was personally present and did see MARCEL CADIEUX  
named in the within instrument who is personally known to me to be the person named therein, duly sign and execute  
the same for the purposes named therein.
2. That the same was executed at OTTAWA (CITY, TOWN OR VILLAGE)  
in the province of ONTARIO, and that I am the subscribing witness thereto.
3. That I know the said MARCEL CADIEUX and he (she) is  
in my belief of the full age of twenty-one years.

Sworn before me at OTTAWA (CITY, TOWN OR VILLAGE)  
in the province of ONTARIO this 28 day of DECEMBER A.D. 1981  
(DATE) (MONTH)  
[Signature]  
(JUSTICE OF THE PEACE, COMMISSIONER, NOTARY, ETC.)



Government  
of Canada

Gouvernement  
du Canada

Document disclosed under the Access to Information Act -  
Document divulgué en vertu de la Loi sur l'accès à l'information

STATEMENT OF UNDERWRITER OR ADMINISTRATOR OF  
RETIREMENT SAVINGS PLAN  
DECLARATION DE L'ASSUREUR OU DE L'ADMINISTRATEUR DU RÉGIME  
D'ÉPARGNE - RETRAITÉ

NAME OF ORGANIZATION — NOM DE L'ORGANISME

CO-OPERATIVE TRUST CO. OF CANADA

OF — DE

c/o 400 ALBERT ST. OTTAWA, ONTARIO K1R 5B2

AS TRUSTEE(S) CONFIRM THAT — EN TANT QUE FIDUCIAIRE DÉCLARE QUE

Cadieux, Marcel

S.I.N. 416-915-601

IS THE HOLDER OF AN AGREEMENT UNDER — EST DÉTENTEUR D'UN ACCORD DANS LE CADRE DU



REGISTERED RETIREMENT SAVINGS PLAN  
RÉGIME D'ÉPARGNE — RETRAITE

108-035-2



REGISTERED PENSION PLAN  
DU RÉGIME DE PENSION



INCOME AVERAGING ANNUITY CONTRACT  
DU CONTRAT DE RENTE À VERSEMENTS INVARIABLES

WHICH HAS BEEN REGISTERED OR WILL BE REGISTERED UNDER THE INCOME TAX ACT SECTION 146  
QUI A ÉTÉ OU QUI SERA ENREGISTRÉ EN VERTU DE LA LOI DE L'IMPÔT SUR LE REVENU ARTICLE 146

NAME OF ORGANIZATION  
NOM DE L'ORGANISME

CO-OPERATIVE TRUST CO. OF CANADA

OFFICIAL CAPACITY OF THE OFFICER  
TITRE OFFICIEL DU RESPONSABLE

SPECIAL REPRESENTATIVE

SIGNATURE

DATE December 31, 1979

CS CO-OP Registered Retirement Savings Plan  
CO-OPÉRATIVE TRUST CO. OF CANADA  
c/o 400 Albert St., Ottawa, Ontario, K1R 5B2

COMPANY STAMP — TIMBRE DE LA SOCIÉTÉ



## TAX DEDUCTION WAIVER IN RESPECT OF FUNDS TO BE TRANSFERRED

- For use when tax deductions are to be waived in respect of a direct transfer of:
  - (a) superannuation or pension benefits from the trustees of a pension fund or plan to the trustees of a registered pension plan or the "issuer" of a registered retirement savings plan;
  - (b) a retiring allowance from an employer to the trustees of a registered pension plan or the "issuer" of a registered retirement savings plan;
  - (c) income pursuant to subsection 147 (10) of the Income Tax Act from the trustees of a deferred profit sharing plan to the trustees of a registered pension plan or the "issuer" of a registered retirement savings plan; or
  - (d) amounts from the trustees of a deferred profit sharing plan to the trustees of another deferred profit sharing plan within the terms of paragraph 60 (k) of the Income Tax Act.
  - (e) Income pursuant to subsection 146(8) of the Income Tax Act to the extent that that amount is a refund of premiums as defined by Section 146 under a registered retirement savings plan within the terms of paragraph 60(1) of the Income Tax Act.
- One copy of this waiver, duly completed and signed by both the taxpayer on whose behalf the transfer is being made and the transferor of the funds, constitutes authority for not withholding tax and must be retained by the transferor for inspection by officers of the Department of National Revenue, Taxation.
- The term "transferor" means the trustee(s) of the plan making the transfer or an employer paying a retiring allowance. Trustee(s) as used on this form is deemed to include administrator(s) and, in the case of an insured pension plan, the insurer.
- A separate waiver must be completed in respect of each taxpayer on whose behalf a transfer is being made.
- A tax deduction waiver does not apply where a transfer under (a) and (b) is being effected to an account in the name of the taxpayer's spouse or other person.

NAME OF TAXPAYER (Employee) MARCEL CHAMBERS	SOCIAL INSURANCE NUMBER 4116011516011
ADDRESS 2047 CHAMBERS RD OTTAWA K1H 6K4 CAN	

### DETAILS OF TRANSFER

AMOUNT \$39,121.43

Is this a single transfer?

YES ☒

NO ☐

If "NO", indicate the frequency of the transfer

FROM: SEVERANCE PAY  
DSS/GOVT OF CANADA  
Name of Plan  
Name(s) of Trustee(s)  
R.C.M.P.  
Name of Employer

TO: CS CO-OP Registered Retirement Savings Plan  
CO-OPERATIVE TRUST CO. OF CANADA  
Name(s) of Trustee(s) or "Issuer"  
c/o 400 Albert, Ottawa, Ontario, K1R 5B2  
Address of Trustee(s) or "Issuer"  
108-035-9  
Policy Number (if an insured plan)

Description of Funds: (Check applicable box below)

- ☐ Registered Retirement Savings Plan  
☒ Retiring Allowance  
☐ Superannuation or Pension Benefit  
☐ Income from Deferred Profit Sharing Plan

Description of Plan: (Check applicable box below)

- ☐ Registered Pension Plan  
☒ Registered Retirement Savings Plan  
☐ Deferred Profit Sharing Plan

### CERTIFICATION

I hereby certify that I have been advised by the trustees or "issuer" of the receiving plan that it has been registered (or that the "issuer" of the recipient retirement savings plan will apply for registration of the plan) in accordance with the provisions of the Income Tax Act.

21/1/19  
Date

*Marcel Chambers*  
Signature of Taxpayer (Employee)

I hereby certify that each transfer of the amount stated above will be made directly to the trustees or "issuer" of the receiving plan and that the amount or total of the amounts, as applicable, transferred each year will be reported on form T4A Supplementary.

Date

Signature of Transferor (Trustee of Plan or Employer)

MARCEL CADIEUX

RETIREMENT EFF.

1979-12-29

Age @ SOS

64 yrs 195 dgs

Cont service date

External aff + REM

1941-08-21 P.M.

Pensionable service

35 years

REVIEWER  
RÉVISEUR

JAN 24 1980

ENTITLEMENTS

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

- 1) Immediate Annuity
- 2) 28 weeks severance pay  
@ 1397.19 x 28 = \$ 39,121.32

- 3) 218.75 dgs unused leave

(150.75 annual  
25 furlough  
+ 43 EV.)

279,438 x 218.75 = \$ 61,127.24

Forms required re immediate annuity

- Proof of age
  - Termination Notice
  - DSS 2000
  - DSS 1422
  - DSS 2265
  - TD-1
- prev. forward  
forward 28-12-79  
forward 28-12-79  
11 15/1/80

PA  
14/22  
279-12-28  
CT 001265



Ontario  
Ministry of  
Health

Ontario Health  
Insurance Plan

Box 1744  
Postal Station 'R'  
TORONTO, Ontario  
M4G 2T3

ISSUED BY INSURED GROUPS IN COMPLIANCE  
WITH THE HEALTH INSURANCE ACT, 1972

Document disclosed under the Access to Information Act  
Document divulgué en vertu de la Loi sur l'accès à l'information

OFFICE USE ONLY

## CERTIFICATE OF PAYMENT-FORM 104

USE THIS FORM TO CONTINUE YOUR INSURANCE

① WE CERTIFY THAT THE PAID-UP BENEFIT MONTH CURRENTLY PROVIDED FOR THIS PERSON THROUGH OUR GROUP ENDS AT

HEALTH INSURANCE NUMBER	SURNAME	INITIALS	SUPPLEMENTARY CODE (SEE * BELOW)	12.01. A.M.
53253456	CADIEUX	M.	33	DAY MO. YEAR 1 4 80
ACCURACY IMPORTANT (8 FIGURES) GROUP NAME RCMpolice		PLEASE TYPE OR PRINT CLEARLY GROUP NO. 500012	DATE THIS FORM 79-12-28	SIGNATURE OF GROUP OFFICIAL REV. P.T.D.

② INSURED PERSON TO COMPLETE THIS SECTION (SEE ② OVER)

PLEASE PRINT CLEARLY		PLEASE ✓ IN PROPER BOXES		* SEMI-PRIVATE SUPPLEMENT
ADDRESS	P.O. BOX, STREET ADDRESS OR RURAL ROUTE	<input type="checkbox"/>	<input type="checkbox"/>	IF YOU ARE NOW REGISTERED FOR SEMI-PRIVATE INSURANCE THROUGH OHIP AND WISH TO CONTINUE IT, PLEASE INDICATE: YES <input type="checkbox"/> NO <input type="checkbox"/>
OF		SINGLE	FAMILY	
INSURED *	NAME OF CITY OR TOWN	NO	ONE OR MORE	
* IF RURAL ROUTE OR GENERAL DELIVERY ENTER GIVEN NAME HERE (E.G. TOM, MARY, PETE SR, ETC.)		ELIGIBLE	ELIGIBLE	FOR OFFICE USE ONLY
DATE		DEPENDENTS	DEPENDENTS	CAT. CODE
SIGNATURE				EFFECTIVE DATE
				REV. DATE

YOU MAY BE ELIGIBLE FOR PREMIUM EXEMPTION OR PREMIUM ASSISTANCE: IF SO, PLEASE PROVIDE DETAILS IN SECTION ③ OR ④ BELOW.

③ ARE YOU OR YOUR SPOUSE AGE 65 OR OVER?

IF SO, AND YOU HAVE RESIDED IN ONTARIO FOR THE PAST 12 MONTHS, PREMIUM EXEMPTION MAY BE ARRANGED BY PROVIDING YOUR DATE OF BIRTH AND INITIALS BELOW AND COMPLETING SECTION (3) ON THE REVERSE SIDE OF THIS FORM.

MO.	YR	INITIALS

IF IT IS YOUR SPOUSE WHO IS 65 OR OVER, SHOW SPOUSE'S DATE OF BIRTH AND INITIALS AND HAVE SPOUSE COMPLETE REVERSE SIDE.

④ ARE YOU ELIGIBLE FOR PREMIUM ASSISTANCE?

IF YOU HAVE BEEN A RESIDENT OF ONTARIO FOR THE PAST 12 MONTHS AND YOUR ESTIMATED TAXABLE INCOME FOR THE CURRENT YEAR WILL BE \$1,000.00 OR LESS AS A SINGLE PERSON OR \$2,000.00 OR LESS (INCLUDING INCOME OF SPOUSE) AS A FAMILY, CHECK HERE ☐ IN ORDER THAT WE MAY SEND YOU AN APPLICATION FOR PREMIUM ASSISTANCE.

DATE SIGNATURE

IMPORTANT: IF YOU ARE PRESENTLY PAYING FOR SEMI-PRIVATE HOSPITAL COVERAGE THROUGH OHIP AND IF YOU ARE APPROVED FOR PREMIUM FREE INSURANCE AS A RESULT OF COMPLETING SECTION (3) YOU WILL BE CONTACTED BY THE PRIVATE INSURER REGARDING CONTINUATION OF YOUR SEMI-PRIVATE COVERAGE.

# CERTIFICATE OF PAYMENT-FORM 104 INSTRUCTIONS

Document disclosed under the Access to Information Act  
Document divulgué en vertu de la Loi sur l'accès à l'information

## TO THE EMPLOYER OR COLLECTOR

①

- A) Every person ceasing to remit premiums through your group must be given this form immediately.  
B) Section ① on the face of this form must be completed by you in the prescribed manner.

## TO THE INSURED PERSON

②

- A) Complete Section ② of this form.  
B) If you join an insured group, give this form to your new employer immediately.  
C) If your spouse is connected with a group, premiums may be remitted through his or her group.  
D) If you do not immediately become eligible for group enrolment, forward this form to OHIP with Section ② completed.  
E) Note special instructions for Age 65 or over coverage and premium assistance in Section ③ and ④ on the face of this form.

## TO BE COMPLETED IF YOU OR YOUR SPOUSE ARE AGE 65 OR OVER.

I hereby apply for exemption from payment of Premiums for Ontario Health Insurance because of my age and I solemnly declare that I am sixty-five (65) years of age (or older) and have been ordinarily resident in Ontario for the past twelve (12) months.

③

.....  
Signature of Applicant

Present age of Applicant

.....  
Signature of Witness

Date

NOTE: Witness to application for Premium  
Exemption must be one of the following:

Please indicate:

- |  |  |
|--|--|
| <input type="checkbox"/> Member of Parliament (M.P., M.P.P.) | <input type="checkbox"/> Accountant (C.A., C.G.A., R.I.A., A.P.A.) |
| <input type="checkbox"/> Employer                            | <input type="checkbox"/> Clergyman                                 |
| <input type="checkbox"/> Lawyer                              | <input type="checkbox"/> OHIP Official                             |
| <input type="checkbox"/> Postmaster                          | <input type="checkbox"/> Doctor                                    |
| <input type="checkbox"/> Bank or Trust Co. Official          |  |
| <input type="checkbox"/> Union Signing Officer               |  |

IF YOU BECAME A RESIDENT OF ONTARIO AFTER JAN. 1st, 1971, PLEASE PROVIDE DATE OF LAST ARRIVAL.

Day Month Year

OHIP Offices are located in: Barrie, Hamilton, Kenora, Kingston, Kitchener, London, Mississauga, Oshawa, Ottawa, Peterborough, St. Catharines, Sudbury, Thunder Bay, Timmins, Toronto and Windsor.

THERE IS A PENALTY FOR MISUSE OF THIS FORM

001267

T-SOS, DROP when 1 full month salary interrupted - Resignation,  
Retirement, Day-Off, Death (See binder on procedure)

Reason:

CADIEUX M

SOS 79/12/28

REVIEWER  
RÉVISEUR

JAN 24 1980

Payroll Deductions:

GLD	DND		AMT	ACTIONED
01	HO	OHIP (Issue 104) <i>issued</i>		
03	ME	ALTA H.C.		
10	MG	GSMIP (Advance for Sick or Maternity)	3.55 2.64	
11	DA,DD	P.S. Credit Unions (Co-op)		
14	RA	R.A.		
15	UA	Community Chest & United Appeal		
26	IC	Civil Service Ins.		
29	IM	" " " Mutual Benefit Society	1.82	
31	--	U.I.C. (Issue Sep. Cert.)	14.31	
32	PL	Disability Insurance (write to employee on T/SOS - sick)		
34	CS	C.S. Bond (write to employee when T/SOS or cancel bond - SOS)		
49	PP	L.T.D. (write to employee on T/SOS sick)		
39	IQ	PSMIP		
59	DT,DR	Rent		
70	AJ	Union Dues (Check re Ins.)		
82	--	C.P.P.		
85	--	Superannuation		
85	--	S.R.B.A.	55.89	
87	TA	Income Tax	2111.70	
88	SD	Death Benefit	17.52	
90	MJ	BC Medicare		
(XQ,DQ)		Quarters & Rations		
SC		Def. recovery PSSA 6.5%	5.05	

Remarks:

- 1) Recoveries: Overdrawn Leave \_\_\_\_\_ days  
L.W.O.P. \_\_\_\_\_ days  
Excess Lates \_\_\_\_\_
- 2) Entitlements: Unused Leave \_\_\_\_\_ days  
4% Vacation Pay \_\_\_\_\_  
Severance Pay \_\_\_\_\_ weeks

Indicate if there is any overpayment in salary to be recovered from  
Superannuation Return of Contributions.

SOS reported to Caddy@CRPO 80-1-8

Net to be also ret'nd!

PA  
14/22  
29/12/28  
J

NOV 19/78  
NOV 26 *CADIEUX M.*  
DEC 3 *RETIRE : 79/12/29*  
DEC 10  
DEC 17  
DEC 24  
DEC 31

DEC 2  
DEC 9  
DEC 16  
DEC 23  
DEC 30

DEC 21  
DEC 28  
JAN 4/81  
JAN 11  
JAN 18  
JAN 25  
FEB 1  
FEB 8  
FEB 15  
FEB 22  
MAR 1  
MAR 8  
MAR 15  
MAR 22  
APR 5  
APR 12  
APR 19  
APR 26  
MAY 3  
MAY 10  
MAY 17  
MAY 24  
MAY 31  
JUN 7  
JUN 14  
JUN 21  
JUN 28  
JUL 5  
JUL 12  
JUL 19  
JUL 26  
AUG 2  
AUG 9  
AUG 16  
AUG 23  
AUG 30  
SEP 6  
SEP 13  
SEP 20  
SEP 27  
OCT 4  
OCT 11  
OCT 18  
OCT 25  
NOV 1  
NOV 8  
NOV 15  
NOV 22  
NOV 29  
DEC 6  
DEC 13  
DEC 20  
DEC 27

265.00

REVIEWER  
RÉVISEUR

JAN 24 1980

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

20 x 265 = 5300.00

52 x 265 = 13780

JAN 7/79  
JAN 14  
JAN 21  
JAN 28  
FEB 4  
FEB 11  
FEB 18  
FEB 25  
MAR 4  
MAR 11  
MAR 18  
MAR 25  
APR 1  
APR 8  
APR 15  
APR 22  
APR 29  
MAY 6  
MAY 13  
MAY 20  
MAY 27  
JUN 3  
JUN 10  
JUN 17  
JUN 24  
JUL 1  
JUL 8  
JUL 15  
JUL 22  
JUL 29  
AUG 5  
AUG 12  
AUG 19  
AUG 26  
SEP 2  
SEP 9  
SEP 16  
SEP 23  
SEP 30  
OCT 7  
OCT 14  
OCT 21  
OCT 28  
NOV 4  
NOV 11  
NOV 18  
NOV 25

JAN 6/80  
JAN 13  
JAN 21  
JAN 28  
FEB 3  
FEB 10  
FEB 17  
FEB 24  
MAR 2  
MAR 9  
MAR 16  
MAR 23  
MAR 30  
APR 6  
APR 13  
APR 20  
APR 27  
MAY 4  
MAY 11  
MAY 18  
MAY 25  
JUN 1  
JUN 8  
JUN 15  
JUN 22  
JUN 29  
JUL 6  
JUL 13  
JUL 20  
JUL 27  
AUG 3  
AUG 10  
AUG 17  
AUG 24  
AUG 31  
SEP 7  
SEP 14  
SEP 21  
SEP 28  
OCT 5  
OCT 12  
OCT 19  
OCT 26  
NOV 2  
NOV 9  
NOV 16  
NOV 23  
NOV 30  
DEC 7  
DEC 14

795.00

1060.00

1060.00

1060.00

Public Service  
CommissionCommission de la  
Fonction publiqueSEPARATION DOCUMENT  
FEUILLE DE DÉPARTDocument disclosed under the Access to Information Act -  
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68154

CONTROL INFORMATION - INFORMATION DE CONTRÔLE				PSC USE ONLY - RÉSERVÉ À LA CFP			
REFERENCE NO. - N° DE RÉFÉRENCE							
<input type="checkbox"/> CANCELLATION ANNULATION				<input type="checkbox"/> AMENDMENT MODIFICATION			
TO A							
<b>A. EMPLOYEE INFORMATION - INFORMATION SUR L'EMPLOYÉ</b>							
1. FAMILY NAME - NOM DE FAMILLE <b>CADIEUX</b>		INITIALS - INITIALES <b>M.</b>		2. S.I.N. - N.A.S. <b>416-915-601</b>		2A. SEX - SEXE <b>XX</b> <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
3. DATE OF BIRTH DATE DE NAISSANCE <b>17 06 15</b>		4. GROUP, SUB-GROUP AND LEVEL GROUPE, SOUS-GROUPE ET NIVEAU <b>DM-3</b>		CODE			
5. DEPARTMENT/AGENCY MINISTÈRE/AGENCE <b>RCMP Police</b>		6. POSITION NUMBER NUMÉRO DU POSTE <b>RCMP-CS-4</b>		7. POSITION LOCATION - LIEU DE TRAVAIL <b>Ottawa, Ontario</b>		8. CONTINUOUS EMPLOYMENT FROM EMPLOI CONTINU À COMPTER DU <b>21 08 41</b>	
9. STATUTORY PRIORITY GIVEN - PRIORITÉ STATUTAIRE ACCORDÉE		10. PREFERRED WORKING LANGUAGE LANGUE DE TRAVAIL PRÉFÉRÉE		11. EFFECTIVE DATE OF SEPARATION ENTRÉE EN VIGUEUR DU DÉPART			
a) NOT APPLICABLE SANS OBJET <input checked="" type="checkbox"/>		b) LEAVE OF ABSENCE CONGÉ <input type="checkbox"/>		c) LAYOFF MISE EN DISPONIBILITÉ <input type="checkbox"/>		d) ENGLISH ANGLAIS <input checked="" type="checkbox"/>	
EXPIRY DATE DATE D'EXPIRATION		LAYOFF DATE DATE DE MISE EN DISPONIBILITÉ		FRENCH - FRANÇAIS <input type="checkbox"/>		29 12 79	
12. EMPLOYMENT TENURE - DURÉE D'EMPLOI INDETERMINATE PÉRIODE INDETERMINÉE <input checked="" type="checkbox"/>		12A. SUPERANNUATION FILE NO. N° DU DOSSIER DE LA PENSION DE RETRAITE <b>45733</b>		12B. PAY OFFICE NO. BUREAU DE PAYSÉ N° <b>35</b>		12C. PAY LIST NO. LISTE DE PAYSÉ N° <b>035</b>	
TERM PÉRIODE DÉTERMINÉE <input type="checkbox"/>		12D. EMPLOYEE PAY NO. N° DE PAYSÉ, D'EMPLOYÉ <b>SIN</b>		12E. SALARY ON SEPARATION TRAITEMENT AU DÉPART <b>\$72,900.</b>			
<b>B. SEPARATION INFORMATION - INFORMATION SUR LE DÉPART</b>							
13. RELEASED - RENVOI				19B. REASON FOR RESIGNATION - RAISON DE LA DÉMISSION			
a) FOR BREACH OF DISCIPLINE OR MISCONDUCT (F.A.A. 7.1) POUR MANQUEMENT À LA DISCIPLINE OU INCONDUITE (L.A.F. 7.1) <b>05 1</b>				OUTSIDE EMPLOYMENT POSTE À L'ÉTRANGER <input type="checkbox"/>			
b) FOR INCOMPETENCE OR INCAPACITY (PSEA 31.1.b) POUR INCOMPÉTENCE OU INCAPACITÉ (L.E.F.P. 31.1.b) <b>06 2</b>				ORDER-IN-COUNCIL APPOINTMENT NOMINATION PAR DÉCRET EN CONSEIL <input type="checkbox"/>			
c) FOR POLITICAL PARTISANSHIP (PSEA 32.6.a.b) POUR ACTIVITÉS POLITIQUES (L.E.F.P. 32.6.a.b) <b>07 4</b>				TO ANOTHER GOVERNMENT AGENCY (NOT COVERED BY PSEA) NOMINATION À UN AUTRE ORGANISME DE L'ÉTAT (NON RÉGÉ PAR L.E.F.P.) <b>REVIEWED RÉVISÉ JUL 24 1980</b>			
d) ABANDONMENT OF POSITION (PSEA 27) ABANDON DU POSTE (L.E.F.P. 27) <b>12 4</b>				SPECIFY - PRÉCISER			
14. REJECTION - RENVOI DURING PROBATION (PSEA 28.3) EN COURS DE STAGE (L.E.F.P. 28.3) <b>09</b>				2. RETURN TO SCHOOL RETOUR AUX ÉTUDES <input type="checkbox"/>			
15. REVOCATION OF APPOINTMENT - RÉVOCATION DE LA NOMINATION				3. RELOCATION - RÉLOCALISATION			
a) FRAUDULENT PRACTICE OR BREACH OF EXAMINATION REGULATIONS (PSEA 41) PRATIQUE FRAUDULEUSE OU INFRACTION AUX RÈGLEMENTS DE L'EXAMEN (L.E.F.P. 41) <b>16 2</b>				RELOCATION AS A RESULT OF MARRIAGE RÉLOCALISATION À LA SUITE D'UN MARIAGE <input type="checkbox"/>			
b) INDIVIDUAL LACKING QUALIFICATIONS OR TERMS OF DELEGATION CONTRAVENED (PSEA 6.2.3) PERSONNE NE POSSÉDANT PAS LES QUALITÉS NÉCESSAIRES OU LES CONDITIONS DE DÉLÉGATION NON RESPECTÉES (L.E.F.P. 6.2.3) <b>16 2</b>				GREATER JOB SATISFACTION PLUS GRANDE SATISFACTION PROFESSIONNELLE <input type="checkbox"/>			
16. RETIREMENT - RETRAITE				HEALTH - SANTÉ			
a) COMPULSORY - OBLIGATOIRE <b>14 1</b>				PERSONAL DE L'EMPLOYÉ <input type="checkbox"/>			
b) VOLUNTARY - VOLONTAIRE				FAMILY DANS LA FAMILLE <input type="checkbox"/>			
15 AGE 60-64 ÂGE 60 À 64 ANS <input type="checkbox"/>				3. BETTER ADVANCEMENT OPPORTUNITIES MEILLEURES POSSIBILITÉS D'AVANCEMENT <input type="checkbox"/>			
15 AGE 55, SERVICE 30 ÂGE 55, SERVICE 30 <input type="checkbox"/>				HIGHER SALARY TRAITEMENT SUPÉRIEUR <input type="checkbox"/>			
15 OTHER AUTRE <input type="checkbox"/>				HIGHER ALLOWANCES INDEMNITÉS SUPÉRIEURES <input type="checkbox"/>			
17. LEAVE OF ABSENCE (PSEA 30) - CONGÉ (L.E.F.P. 30)*				BETTER FRINGE BENEFITS MEILLEURS AVANTAGES SOCIAUX <input type="checkbox"/>			
a) HEALTH SANTÉ <input type="checkbox"/>				EMPLOYMENT OUTSIDE CANADA POSTE À L'ÉTRANGER <input type="checkbox"/>			
b) EDUCATION ÉTUDES <input type="checkbox"/>				MATERNITY - MATERNITÉ <input type="checkbox"/>			
c) MATERNITY MATERNITÉ <input type="checkbox"/>				DOMESTIC AND FAMILY RESPONSIBILITIES RESPONSABILITÉS PERSONNELLES ET FAMILIALES <input type="checkbox"/>			
d) POLITICAL ACTIVITY ACTIVITÉS POLITIQUES <input type="checkbox"/>				LACK OF CHILD CARE FACILITIES INSUFFISANCE DE GARDERIES <input type="checkbox"/>			
e) ORDER-IN-COUNCIL APPT. NOMINATIONS PAR DÉCRET EN CONSEIL <input type="checkbox"/>				RELOCATION OF SPOUSE RÉINSTALLATION DU CONJOINT <input type="checkbox"/>			
f) OTHER - SPECIFY - AUTRE - PRÉCISER				PREFERS PART TIME EMPLOYMENT - PRÉFÈRE UN EMPLOI À TEMPS PARTIEL <input type="checkbox"/>			
18. MISCELLANEOUS - DIVERS				3. UNDER 10 HOURS A WEEK MOINS DE 10 HEURES PAR SEMAINE <input type="checkbox"/>			
a) LAYOFF (PSEA 29) MISE EN DISPONIBILITÉ (L.E.F.P. 29) <input type="checkbox"/>				10-19 HOURS A WEEK DE 10 À 19 HEURES PAR SEMAINE <input type="checkbox"/>			
b) END OF SPECIFIED TERM FIN DE LA PÉRIODE SPÉCIFIÉE <input type="checkbox"/>				20-29 HOURS A WEEK DE 20 À 29 HEURES PAR SEMAINE <input type="checkbox"/>			
c) DEATH DÉCÈS <input type="checkbox"/>				OVER 29 HOURS A WEEK PLUS DE 29 HEURES PAR SEMAINE <input type="checkbox"/>			
19. RESIGNATION - DÉMISSION				PERSONAL - UNSPECIFIED RAISON PERSONNELLE - NON PRÉCISÉE <input type="checkbox"/>			
a) LETTER OF RESIGNATION LETTRE DE DÉMISSION <input type="checkbox"/>				OTHER - SPECIFY - AUTRE - PRÉCISER			
b) OTHER COMMUNICATION AUTRE COMMUNICATION <input type="checkbox"/>				19C. SIGNATURE OF EMPLOYEE - SIGNATURE DE L'EMPLOYÉ			
				not available			
<b>C. REMARKS - REMARQUES:</b>				PS 12246 COLLATOR: X0017 BUD COLE: 99802			
* IF ITEM 17 IS CHECKED, PLEASE COMPLETE ITEM 9(B) INCLUDING THE EXPIRY DATE. SI VOUS RÉPONDEZ À LA QUESTION 17, COCHEZ LA CASE 9(B) ET INSCRIVEZ LA DATE D'EXPIRATION.							
NAME: Marcel							
ADD: 2047 Chalmers Rd, Ottawa, Ontario K1H 6K4							
<b>D. AUTHORIZED - AUTORISATION</b>							
SIGNATURE <i>Marcel Cadieux</i>		TITLE - TITRE A/Ad, Comp. & Benefits Sec		DATE 28 12 79		TELEPHONE - TÉLÉPHONE 993-2600	
NAME - NOM Mrs. D. Devine		ADDRESS - ADRESSE PSPB, 1200 Alta Vista Drive, Ottawa, K1A 0R2		DEPARTMENT - MINISTÈRE RCMP Police		CODE	

PSC (504) (R. 75) 7540-21-870-8443

1.0 SURNAME - NOM (17-33)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		THIS FORM IS INITIATED FOR - OBJET DE LA PRÉSENTE FORMULE (79)	
CADIÉUX		1946		43	
DEPARTMENT - MINISTÈRE (44-58)		LIEU DE TRAVAIL (58-66)		1	
RCMP 44 J.E.		0 TTAWA		2	
INITIALS (34-38)		SEX (37)		3	
M		M		4	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		5	
1946		1946		6	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		7	
1946		1946		8	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		9	
1946		1946		10	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		11	
1946		1946		12	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		13	
1946		1946		14	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		15	
1946		1946		16	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		17	
1946		1946		18	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		19	
1946		1946		20	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		21	
1946		1946		22	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		23	
1946		1946		24	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		25	
1946		1946		26	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		27	
1946		1946		28	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		29	
1946		1946		30	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		31	
1946		1946		32	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		33	
1946		1946		34	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		35	
1946		1946		36	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		37	
1946		1946		38	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		39	
1946		1946		40	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		41	
1946		1946		42	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		43	
1946		1946		44	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		45	
1946		1946		46	
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1946		1946		48	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		49	
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DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		51	
1946		1946		52	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		53	
1946		1946		54	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		55	
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DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		59	
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1946		1946		62	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		63	
1946		1946		64	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		65	
1946		1946		66	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		67	
1946		1946		68	
DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		DATE OF BIRTH - DATE DE NAISSANCE (DD-MM-YY-AA)		69	
1946		1946		70	
DATE OF BIRTH -					

[illegible]

CERTIFICATION BY PERSONNEL OFFICER - ATTESTATION DE L'AGENT DU PERSONNEL

SUPERANNUATION ACCOUNT NUMBER	
NUMÉRO DE COMPTE DE PENSION	
1	045733

I HEREBY CERTIFY THAT: - JE SOUSSIGNÉ CERTIFIE QUE:

(A) THE PENSIONABLE SERVICE FROM TO IS CORRECT AND THAT ALL PERIODS  
LE SERVICE OUVRANT DROIT À PENSION ACCOMPLI DU 28/8/78 AU 28/12/79 EST EXACT ET QUE TOUTES LES PÉRIODES

OF NON PENSIONABLE SERVICE HAVE BEEN REPORTED AND THAT THE SALARIES REPORTED FROM  
DE SERVICE N'OUVRANT PAS DROIT À PENSION ONT ÉTÉ SIGNALÉES ET QUE LE RELEVÉ DU TRAITEMENT TOUCHÉ PAR LE PENSIONNÉ DU 29/12/72

TO 28/12/79 ARE AN ACCURATE TRANSCRIPT OF THE OFFICIAL RECORDS OF THIS ORGANIZATION.  
AU CORRESPOND AUX DOSSIERS OFFICIELS DE NOTRE BUREAU.

(B) THE INFORMATION FOR THE PERIOD OF EMPLOYMENT FROM TO  
LES RENSEIGNEMENTS POUR LA PÉRIODE D'EMPLOI DU ALL (LAST DAY OF REMUNERATION - DERNIER JOUR DE RÉMUNÉRATION)

IS FORECAST ON THE ASSUMPTION THAT NO CHANGE WILL OCCUR PRIOR TO THE DATE OF SEPARATION OR COMPLETION OF 35 YEARS OF PENSIONABLE SERVICE.  
SERONT VALABLES SI AUCUN CHANGEMENT NE SE PRODUIT AVANT LA DATE DE CESSATION DES FONCTIONS OU D'ACHÈVEMENT DES 35 ANS DE SERVICE OUVRANT DROIT À PENSION.

(C) THE LEAVE WITHOUT PAY IMMEDIATELY PRIOR TO TERMINATION DATE COMMENCED  
LE CONGÉ NON PAYÉ PRÉCÉDANT IMMÉDIATEMENT LA DATE DE CESSATION D'EMPLOI A COMMENCÉ LE DATE (REASON: EG. SICK - MOTIF: MALADIE, ETC.)

(D) FINAL SALARY \$72,900. FINAL CLASSIFICATION AND LEVEL DM-3 AUTHORITY FOR FINAL SALARY ORDER OF  
TRAITEMENT FINAL CLASSIFICATION ET NIVEAU FINALS AUTORISATION DU TRAITEMENT FINAL POUNCEL  
PC-79-1270

DATE OF AUTHORITY 24/4/79 WHERE CONVERSION OCCURRED REFER ITEM A-3(1) INSTRUCTION.  
DATE D'AUTORISATION EN CAS DE TRANSPORTATION VOIR L'INSTRUCTION.

993-2600.

79/12/29

DATE

SIGNATURE

CERTIFICATION BY PAYING OFFICER - ATTESTATION DE L'AGENT DE LA PAYE  
CONTRIBUTIONS - COTISATIONS

CARD CODE CODE CARTE	9	ACCUMULATIVE TOTAL OF SUPERANNUATION AND SRBA CONTRIBUTIONS AT DATE OF CERTIFICATION TOTAL CUMULATIF DES COTISATIONS LPFP ET LPRS À LA DATE DE L'ATTESTATION										17	29
		FORECAST PRÉVISIONS		FROM (DD MM YY) DE (JJ MM AA)		24	29	TO (DD MM YY) À (JJ MM AA)		30	38	36	42
		OPENING BALANCE ON JANUARY 1 <sup>ST</sup> , 1953 SOLDE D'OUVERTURE AU 1 <sup>ER</sup> JANVIER 1953										43	49
		JOURNAL VOUCHER TRANSFER FROM PREVIOUS PAYING OFFICE TRANSFERT DES PIÈCES COMPTABLES DU BUREAU PAYEUR PRÉCÉDENT										50	56
		TOTAL SRBA CONTRIBUTIONS AT DATE OF CERTIFICATION COTISATIONS LPRS TOTALES À LA DATE DE L'ATTESTATION		63	69	FORECAST SRBA COT. LPRS PRÉVUES		70	76	* UPDATE - CODE - MISE À JOUR		80	

THE TOTAL CONTRIBUTIONS DEDUCTED, PLUS INTEREST AT DATE OF TERMINATION  
LE TOTAL DES COTISATIONS DÉDUITES, PLUS L'INTÉRÊT À LA DATE DE CESSATION D'EMPLOI

PSSA LPFP INTEREST INTÉRÊT SRBA LPRS INTEREST INTÉRÊT TOTAL

CARD CODE CODE CARTE	0	ARREARS - ARRÉRAGES										17	18	24									
		CASH PAYMENTS AND/OR RETIREMENT FUND PAIEMENTS COMPTANTS ET/OU FONDS DE RETRAITE																					
		INSTALMENTS (FINAL NOTICES) - MENSUALITÉS (DERNIERS AVIS)																					
		FROM - DE MONTH MOIS YEAR ANNÉE		TO - À MONTH MOIS YEAR ANNÉE		NUMBER OF MONTHS NOMBRE DE MOIS		AT \$ PER MONTH MONTANT MENSUEL		C O D E		FROM - DE MONTH MOIS YEAR ANNÉE		TO - À MONTH MOIS YEAR ANNÉE		NUMBER OF MONTHS NOMBRE DE MOIS		AT \$ PER MONTH MONTANT MENSUEL		C O D E		** UPDATE - CODE - MISE À JOUR	
25		28 29		32 33		35 36		40 41		42		45 46		49 50		52 53		57 58		60			
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\* UPDATE CODE MISE À JOUR C CHANGE MODIFIER \*\* UPDATE CODE MISE À JOUR A ADD AJOUTER C CHANGE MODIFIER D DELETE SUPPRIMER

I HEREBY CERTIFY THAT: - JE SOUSSIGNÉ CERTIFIE QUE:

(A) THE PENSIONABLE SERVICE FROM TO IS CORRECT AND THAT ALL PERIODS OF NON PENSIONABLE  
LE SERVICE OUVRANT DROIT À PENSION ACCOMPLI DU AU EST EXACT, QUE TOUTES LES PÉRIODES DE SERVICE N'OUVRANT

SERVICE HAVE BEEN REPORTED AND THAT THE SALARIES REPORTED FROM TO  
PAS DROIT À PENSION ONT ÉTÉ SIGNALÉES ET QUE LE RELEVÉ DU TRAITEMENT TOUCHÉ PAR LE PENSIONNÉ DU AU

ARE CORRECT ACCORDING TO THE PAY RECORDS.  
CORRESPOND AUX DOSSIERS DE PAYE.

(B) THE CONTRIBUTIONS REQUIRED UNDER THE SRB AND PSS ACTS AND REGULATIONS WILL BE RESERVED FROM THE TOTAL COMPENSATION PAID FOR THE FORECAST PERIOD  
LES COTISATIONS EXIGÉES EN VERTUE DE LA L.P.R.S., DE LA L.P.F.P. ET DES RÈGLEMENTS QUI EN DÉCOULENT SERONT DÉDUITES DU TOTAL DE LA RÉMUNÉRATION ET DES

FROM TO  
INDEMNITÉS PAYÉES POUR LA PÉRIODE DU AU

(C) THE LEAVE WITHOUT PAY IMMEDIATELY PRIOR TO TERMINATION DATE COMMENCED  
LE CONGÉ NON PAYÉ PRÉCÉDANT IMMÉDIATEMENT LA DATE DE CESSATION D'EMPLOI A COMMENCÉ LE DATE (REASON: EG. SICK - MOTIF: MALADIE, ETC.)

(D) DEATH BENEFIT CONTRIBUTIONS LES COTISATIONS DE PRESTATIONS DE DÉCÈS ☐ HAVE BEEN DEDUCTED ONT ÉTÉ PRÉLEVÉES ☐ HAVE NOT BEEN DEDUCTED N'ONT PAS ÉTÉ PRÉLEVÉES

(E) KNOWN DEFICIENCY (E.G. REASONS FOR LEAVE WITHOUT PAY)  
DÉCOUVERT CONNU (PAR EX.: CONGÉS SANS PERMISSION ET NON PAYÉS)

PSSA: CURRENT \$ ARREARS ARRÉRAGES \$ SRBA: CURRENT \$ ARREARS ARRÉRAGES \$ DEATH BENEFIT DES PREST. DE DÉCÈS \$

I FURTHER AGREE TO NOTIFY THE SUPERANNUATION DIVISION OF ANY CHANGE OCCURRING AFTER:  
JE M'ENGAGE EN OUTRE, À PRÉVENIR LA DIVISION DES PENSIONS DE RETRAITE DE TOUT CHANGEMENT SURVENANT APRÈS LE:

DATE

LOCATION - LIEU DE TRAVAIL

PAYING OFFICER - AGENT DE LA PAYE

001272

PERSONNEL - PAY INPUT FORM  
FORMULE D'ENTRÉE - PERSONNEL - PAYE

1. ADMIN. CONTROL FIELDS  
2. NEW-NOUVEAU  
3. PREVIOUS FORM NUMBER  
4. PSC 1308  
5. DEPARTMENT - MINISTÈRE  
6. ATTACHED - CIANNEXÉE  
7. PAGE

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PUBLIC SERVICE SUPERANNUATION ACT ADMINISTRATION - NON-ELECTIVE PENSIONABLE SERVICE RECORD  
APPLICATION DE LA LOI SUR LA PENSION DE LA FONCTION PUBLIQUE - STATUT DU SERVICE OUVRANT DROIT À PENSION NON ACCOMPAGNÉ D'OPTION

INSTRUCTIONS

THIS FORM IS TO BE INITIATED BY EMPLOYING DEPARTMENT OR AGENCY EXCEPT WHERE A FULL RETURN OF CONTRIBUTIONS IS PAYABLE, ONLY SERVICE SUBSEQUENT TO JANUARY 1, 1951 OR DATE OF BECOMING A CONTRIBUTOR WHICHEVER IS THE LATER IS TO BE SHOWN.

IL INCOMBE AU MINISTÈRE OU À L'ORGANISME EMPLOYEUR DE REMPLIR LA PRÉSENTE FORMULE, (SAUF S'IL S'AGIT DU REMBOURSEMENT DE TOUTES LES COTISATIONS), N'INDIQUER QUE LE SERVICE POSTÉRIEUR AU 1<sup>ER</sup> JANVIER 1951 OU À LA DATE À LAQUELLE L'INTÉRÊT EST DEVENU COTISANT, SELON LA PLUS RÉCENTE DE CES DEUX DATES.

16	SURNAME - NOM (17-23)		INITIALS (34-36)	SEX (37)	DATE OF BECOMING A CONTRIBUTOR (38)	DATE OF DEPARTURE (39)	43 THIS FORM IS INITIATED FOR - OBJET DE LA PRÉSENTE FORMULE (79)	SUPERANNUATION ACCOUNT NO. / NUMÉRO DE COMPTE DE PENSION (1-6)		PAGE 05
1	C.A.D.I.E.U.I.X		M.J.D.M		28.08.78	28.08.78	1	04517333		
DEPARTMENT - MINISTÈRE (44-55)		LOCATION - LIQUIDATION (56-58)		PAYMENT/EMPLOYER'S NUMBER (67-75)		43		SOCIAL INSURANCE NUMBER / NUMÉRO D'ASSURANCE SOCIALE (7-15)		
R.C.M.P.		Q.T.T.A.W.A				2		4169156001		
NON CONTRIBUTORY - SERVICE - NON COTISABLE		S.W.W. DAYS / HOURS - S.N.T. JOURS / HEURES		AUTHORIZED RATE OF PAY / TAUX DE RÉMUNÉRATION AUTORISÉE		RATE OF ALLOWANCE / TAUX D'INDÉMNITÉ		SALARY FOR LEAVE WITHOUT PAY / TRAITEMENT POUR CONGÉ NON PAYÉ		CONTRIBUTORY - SERVICE - COTISABLE
31		34 35		37 38		44 45 46		50 51 52		58 59
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REMARKS - REMARQUES	TOTAL SALARY AND ALLOWANCES FOR P.S.A. / TOTAL RÉMUNÉRATION ET INDEMNITÉS AUX FINS DE LA L.P.F.P.	RATE / TAUX %
Thompson, John Edwards, Opairs	71.72.73	

REMARKS - REMARQUES	TOTAL SALARY AND ALLOWANCES FOR P.S.A. / TOTAL RÉMUNÉRATION ET INDEMNITÉS AUX FINS DE LA L.P.F.P.	RATE / TAUX %
Retiring 29/12/79.		

REMARKS - REMARQUES	TOTAL SALARY AND ALLOWANCES FOR P.S.A. / TOTAL RÉMUNÉRATION ET INDEMNITÉS AUX FINS DE LA L.P.F.P.	RATE / TAUX %

REMARKS - REMARQUES	TOTAL SALARY AND ALLOWANCES FOR P.S.A. / TOTAL RÉMUNÉRATION ET INDEMNITÉS AUX FINS DE LA L.P.F.P.	RATE / TAUX %

REMARKS - REMARQUES	TOTAL SALARY AND ALLOWANCES FOR P.S.A. / TOTAL RÉMUNÉRATION ET INDEMNITÉS AUX FINS DE LA L.P.F.P.	RATE / TAUX %

REMARKS - REMARQUES	TOTAL SALARY AND ALLOWANCES FOR P.S.A. / TOTAL RÉMUNÉRATION ET INDEMNITÉS AUX FINS DE LA L.P.F.P.	RATE / TAUX %

REMARKS - REMARQUES	TOTAL SALARY AND ALLOWANCES FOR P.S.A. / TOTAL RÉMUNÉRATION ET INDEMNITÉS AUX FINS DE LA L.P.F.P.	RATE / TAUX %

REMARKS - REMARQUES	TOTAL SALARY AND ALLOWANCES FOR P.S.A. / TOTAL RÉMUNÉRATION ET INDEMNITÉS AUX FINS DE LA L.P.F.P.	RATE / TAUX %

REMARKS - REMARQUES	TOTAL SALARY AND ALLOWANCES FOR P.S.A. / TOTAL RÉMUNÉRATION ET INDEMNITÉS AUX FINS DE LA L.P.F.P.	RATE / TAUX %

REMARKS - REMARQUES	TOTAL SALARY AND ALLOWANCES FOR P.S.A. / TOTAL RÉMUNÉRATION ET INDEMNITÉS AUX FINS DE LA L.P.F.P.	RATE / TAUX %

REVIEWER / RÉVISEUR

JAN 24 1980

ADMIN. RECORDS / DOSSIERS ADMINISTRATIFS

14/22  
79-12-148

04/5/73/3

I HEREBY CERTIFY THAT: - JE SOUSSIGNÉ CERTIFIE QUE:

- (A) THE PENSIONABLE SERVICE FROM  
LE SERVICE OUVRANT DROIT À PENSION ACCOMPLI DU 8-9-78 TO 28-12-79 IS CORRECT AND THAT ALL PERIODS  
EST EXACT ET QUE TOUTES LES PÉRIODES
- OF NON PENSIONABLE SERVICE HAVE BEEN REPORTED AND THAT THE SALARIES REPORTED FROM  
DE SERVICE N'OUVRANT PAS DROIT À PENSION ONT ÉTÉ SIGNALÉES ET QUE LE RELEVÉ DU TRAITEMENT TOUCHÉ PAR LE PENSIONNÉ DU 8-9-78
- TO ARE AN ACCURATE TRANSCRIPT OF THE OFFICIAL RECORDS OF THIS ORGANIZATION.  
AU CORRESPOND AUX DOSSIERS OFFICIELS DE NOTRE BUREAU.
- (B) THE INFORMATION FOR THE PERIOD OF EMPLOYMENT FROM TO  
LES RENSEIGNEMENTS POUR LA PÉRIODE D'EMPLOI DU (LAST DAY OF REMUNERATION - DERNIER JOUR DE RÉMUNÉRATION)
- IS FORECAST ON THE ASSUMPTION THAT NO CHANGE WILL OCCUR PRIOR TO THE DATE OF SEPARATION OR COMPLETION OF 35 YEARS OF PENSIONABLE SERVICE.  
SERONT VALABLES SI AUCUN CHANGEMENT NE SE PRODUIT AVANT LA DATE DE CESSATION DES FONCTIONS OU D'ACHÈVEMENT DES 35 ANS DE SERVICE OUVRANT DROIT À PENSION.
- (C) THE LEAVE WITHOUT PAY IMMEDIATELY PRIOR TO TERMINATION DATE COMMENCED  
LE CONGÉ NON PAYÉ PRÉCÉDANT IMMÉDIATEMENT LA DATE DE CESSATION D'EMPLOI A COMMENCÉ LE DATE (REASON: EG. SICK - MOTIF: MALADIE, ETC.)
- (D) FINAL SALARY FINAL CLASSIFICATION AND LEVEL AUTHORITY FOR FINAL SALARY  
TRAITEMENT FINAL CLASSIFICATION ET NIVEAU FINAUX AUTORISATION DU TRAITEMENT FINAL
- DATE OF AUTHORITY WHERE CONVERSION OCCURRED REFER ITEM A-3(1) INSTRUCTION.  
DATE D'AUTORISATION EN CAS DE TRANSPORTATION VOIR L'INSTRUCTION.

DATE

SIGNATURE

CERTIFICATION BY PAYING OFFICER - ATTESTATION DE L'AGENT DE LA PAYE  
CONTRIBUTIONS - COTISATIONS

16	ACCUMULATIVE TOTAL OF SUPERANNUATION AND SRBA CONTRIBUTIONS AT DATE OF CERTIFICATION TOTAL CUMULATIF DES COTISATIONS LPFP ET LPRS À LA DATE DE L'ATTESTATION	17	28
24	29	30	35
FORECAST PRÉVISIONS	FROM (DD MM YY) DE (JJ MM AA)	TO (DD MM YY) À (JJ MM AA)	36 42
OPENING BALANCE ON JANUARY 1 <sup>ST</sup> , 1953 SOLDE D'OUVERTURE AU 1 <sup>ER</sup> JANVIER 1953	43 49		
JOURNAL VOUCHER TRANSFER FROM PREVIOUS PAYING OFFICE TRANSFERT DES PIÈCES COMPTABLES DU BUREAU PAYEUR PRÉCÉDENT	50 56		
TOTAL SRBA CONTRIBUTIONS AT DATE OF CERTIFICATION COTISATIONS LPRS TOTALES À LA DATE DE L'ATTESTATION	63 69	FORECAST SRBA COT. LPRS PRÉVUES	70 75
		* UPDATE - CODE - MISE À JOUR	80

THE TOTAL CONTRIBUTIONS DEDUCTED, PLUS INTEREST AT DATE OF TERMINATION  
LE TOTAL DES COTISATIONS DÉDUITES, PLUS L'INTÉRÊT À LA DATE DE CESSATION D'EMPLOI

PSSA LPFP INTEREST INTÉRÊT SRBA LPRS INTEREST INTÉRÊT TOTAL

15	ARREARS - ARRÉRAGES	17	18	24														
CASH PAYMENTS AND/OR RETIREMENT FUND PAIEMENTS COMPTANTS ET/OU FONDS DE RETRAITE		INSTALMENTS (FINAL NOTICES) - MENSUALITÉS (DERNIERS AVIS)																
FROM - DE	TO - À	NUMBER OF MONTHS NOMBRE DE MOIS	AT \$ PER MONTH MONTANT MENSUEL	C O D E	FROM - DE	TO - À	NUMBER OF MONTHS NOMBRE DE MOIS	AT \$ PER MONTH MONTANT MENSUEL	C O D E	** UPDATE - CODE - MISE À JOUR								
MONTH MOIS	YEAR ANNÉE	MONTH MOIS	YEAR ANNÉE		MONTH MOIS	YEAR ANNÉE	MONTH MOIS	YEAR ANNÉE										
25	28	29	32	33	35	36	40	41	42	45	46	49	50	52	53	57	58	60
1									2									
3									4									
5									6									
7									8									

\* UPDATE CODE MISE À JOUR C CHANGE MODIFIER \*\* UPDATE CODE MISE À JOUR A ADD AJOUTER C CHANGE MODIFIER D DELETE SUPPRIMER

I HEREBY CERTIFY THAT: - JE SOUSSIGNÉ CERTIFIE QUE:

- (A) THE PENSIONABLE SERVICE FROM  
LE SERVICE OUVRANT DROIT À PENSION ACCOMPLI DU TO AU IS CORRECT AND THAT ALL PERIODS OF NON PENSIONABLE  
EST EXACT, QUE TOUTES LES PÉRIODES DE SERVICE N'OUVRANT
- SERVICE HAVE BEEN REPORTED AND THAT THE SALARIES REPORTED FROM  
PAS DROIT À PENSION ONT ÉTÉ SIGNALÉES ET QUE LE RELEVÉ DU TRAITEMENT TOUCHÉ PAR LE PENSIONNÉ DU TO AU
- ARE CORRECT ACCORDING TO THE PAY RECORDS.  
CORRESPOND AUX DOSSIERS DE PAYE.
- (B) THE CONTRIBUTIONS REQUIRED UNDER THE SRB AND PSS ACTS AND REGULATIONS WILL BE RESERVED FROM THE TOTAL COMPENSATION PAID FOR THE FORECAST PERIOD  
LES COTISATIONS EXIGÉES EN VERTUE DE LA L.P.R.S., DE LA L.P.F.P. ET DES RÉGLEMENTS QUI EN DÉCOULENT SERONT DÉDUITES DU TOTAL DE LA RÉMUNÉRATION ET DES
- FROM TO  
INDEMNITÉS PAYÉES POUR LA PÉRIODE DU AU
- (C) THE LEAVE WITHOUT PAY IMMEDIATELY PRIOR TO TERMINATION DATE COMMENCED  
LE CONGÉ NON PAYÉ PRÉCÉDANT IMMÉDIATEMENT LA DATE DE CESSATION D'EMPLOI A COMMENCÉ LE DATE (REASON: EG. SICK - MOTIF: MALADIE, ETC.)
- (D) DEATH BENEFIT CONTRIBUTIONS HAVE BEEN DEDUCTED HAVE NOT BEEN DEDUCTED  
LES COTISATIONS DE PRESTATIONS DE DÉCÈS ONT ÉTÉ PRÉLEVÉES N'ONT PAS ÉTÉ PRÉLEVÉES
- (E) KNOWN DEFICIENCY (E.G. REASONS FOR LEAVE WITHOUT PAY)  
DÉCOUVERT CONNU (PAR EX.: CONGÉS SANS PERMISSION ET NON PAYÉS)
- PSSA: CURRENT \$ ARREARS \$ SRBA: CURRENT \$ ARREARS \$ DEATH BENEFIT  
LA L.P.F.P.: ARRÉRAGES LA L.P.R.S.: ARRÉRAGES DES PREST. DE DÉCÈS \$

I FURTHER AGREE TO NOTIFY THE SUPERANNUATION DIVISION OF ANY CHANGE OCCURRING AFTER:  
JE M'ENGAGE EN OUTRE, À PRÉVENIR LA DIVISION DES PENSIONS DE RETRAITE DE TOUT CHANGEMENT SURVENANT APRÈS LE:

DATE

LOCATION - LIEU DE TRAVAIL

PAYING OFFICER - AGENT DE LA PAYE

001275



Government  
of Canada

Gouvernement  
du Canada

ROUND TRIP MEMORANDUM

NOTE: ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

TO  
A Compensation & Benefits Section  
Public Service Personnel Branch

File No. (originator) — Dossier n° (source)

PS 12246

FROM  
DE HQ - FSS

File No. (addressee) — Dossier n° (destinataire)

REVIEWER  
RÉVISEUR

Subject - Objet

RE: CADIEUX, M.

JAN 24 1980

PAYLIST: 035/ 416-915-601

RETIREMENT EFF: 79-12-29.

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

Please return all regular pay cheques to this office.

Signature

*Celine Trugas*

Date

79/12/28

Reply - Réponse

7540-21-029-0717

GC 59

Signature

Date

00310

**1979-1988**

0 → A:

## ITEM CODE - CODIFICATION

- |     |   |     |  |
|-----|---|-----|--|
| 1.  | PSC 1306 STAFFING ACTION FORM<br>CFFP 1306 FORMULE DE DOTATION EN PERSONNEL   | 16. | DSS 2012, SPHYN MED. FORM PHYSICIAN'S CERTIFICATE<br>DSS 2012, EXAMEN MÉDICAL AUX FINS DE RÉTRAITE CERTIFICAT DU MÉDECIN |
| 2.  | PROOF OF AGE<br>PIÈCE ATTESTANT L'ÂGE   | 17. | DSS 2013, SUPERANNUATION SCREENING FORM<br>DSS 2013, FORMULE D'ADMISSIBILITÉ À LA PENSION DE RETRAITE                    |
| 3.  | PROOF OF AGE OF WIFE OR WIDOW<br>PIÈCE ATTESTANT L'ÂGE DE L'ÉPOUSE OU DE LA VEUVE   | 18. | DSS 2003, EXTENSION OF EMPLOYMENT<br>DSS 2003, PHÉLONGATION D'EMPLOI DANS LE SERVICE PUBLIC                              |
| 4.  | CERTIFICATE OF DEATH OF SPOUSE<br>CERTIFICAT DE DÉCÈS DU CONJOINT   | 19. | DSS 2008, DETERMINATION OF PAYEE<br>DSS 2008, RENSEIGNEMENTS SUR LE PRESTATAIRE  |
| 5.  | MARRIAGE CERTIFICATE<br>CERTIFICAT DE MARIAGE   | 20. | DSS 2011, OPTIONAL BENEFIT<br>DSS 2011, PRESTATION FACULTATIVE   |
| 6.  | DEATH CERTIFICATE<br>CERTIFICAT DE DÉCÈS  | 21. | DSS 2010, STATUTORY DECLARATION<br>DSS 2010, DÉCLARATION STATUTAIRE  |
|     | PROOF OF AGE OF CHILD(REN) UNDER 18<br>PIÈCE ATTESTANT L'ÂGE DES ENFANTS DE MOINS DE 18 ANS   | 22. | TD 1, EMPLOYEE'S TAX DEDUCTION DECLARATION, TOP 1<br>TD 1, DÉCLARATION DE L'EMPLOYÉ POUR LA DÉDUCTION DE L'IMPÔT         |
|     | COPY OF SEPARATION AGREEMENT, IF APPLICABLE<br>COPIE DU CONTRAT DE SÉPARATION, S'IL Y A LIEU  | 23. | PERSONAL FILES<br>DOSSIERS PERSONNELS  |
| 1.  | DSS 547, STATUTORY DECLARATION<br>DSS 547, DÉCLARATION STATUTAIRE   | 24. | PSC 1307 SEPARATION DOCUMENT<br>CFFP 1307 DOCUMENT DE SÉPARATION   |
| 3.  | DSS 2009, PSSA REQ'N FOR RETURN OF CONTRIBUTIONS<br>DSS 2009, LPSP - DEMANDE DE REMBOURSEMENT DE COTISATION   |     | DSS 2017 (FA 138), ELECTION TO CONTINUE AS PARTICIPANT TO<br>SUPPLEMENTARY DEATH BENEFIT PLAN                            |
| 1.  | DSS 2234, STATEMENT OF UNDERTAKING<br>DSS 2234, DÉCLARATION D'ENGAGEMENT  | 25. | DSS 2017 (FA 138), DÉCISION DE CONTINUER DE PARTICIPER AU PLAN<br>DES PRESTATIONS SUPPLÉMENTAIRES DE DÉCÈS               |
| 2.  | DSS 2007, REQ'N FOR PAYMENT SUPPLEMENTARY DEATH BENEFIT<br>DSS 2007, DEMANDE DE PRESTATION DE DÉCÈS SUPPLÉMENTAIRE  | 26. | DSS 2002, STUDENT'S ALLOWANCE, APPLICATION<br>DSS 2002, DEMANDE D'ALLOCATION D'ÉTUDIANT                                  |
| 13. | DSS 1422, DEDUCTIONS FROM ANNUITY<br>DSS 1422, RETENUES SUR LA PENSION  | 27. | DSS 2196, DESIGNATION OF BENEFICIARY<br>DSS 2196, DÉSIGNATION DU BÉNÉFICIAIRE  |
| 4.  | DSS 2000, PSS ADMIN. NON-ELECTIVE PENSIONABLE SERVICE<br>DSS 2000, APPLICATION DE LA LOI SUR LA PENSION DU SERVICE PUBLIC,<br>SERVICE OUVRANT DROIT À PENSION NON ACCOMPAGNÉ D'OPTION | 28. | DSS 2223, SDD CLAIM FORM<br>DSS 2223, FORMULE DE DEMANDE DE PRESTATIONS SUPPLÉMENTAIRES DE<br>DÉCÈS                      |
| 5.  | DSS 2001, PSS ADMIN. ELEC. PENSIONABLE SERVICE RECORD<br>DSS 2001, ÉTAT AU SERVICE ACCOMPAGNÉ D'OPTION OUVRANT DROIT À PENSION  | 29. | DSS 2224, INFORMATION C.P.P. FORM<br>DSS 2224, FORMULE DE RENSEIGNEMENTS SUR LE RPC                                      |
|     |   | 30. |  |

THE DOCUMENTS INDICATED BELOW ARE — LES DOCUMENTS INDIQUÉS CI-DESSOUS SONT:

[illegible]

MARKS - REMARQUES:

Original DSS 2000 being forwarded to CRPO for Certification and forwarding to your Division this date. *All other relevant docs will be fuded when rec'd.*

ANCH - ORIENTATION

Public Service  
Personnel Branch

TITLE - TYPE

A/Head, Compensation  
& Benefits Section

SIGNATURE \_\_\_\_\_

Mrs. D. Revine

Press - Address

1200 Alta Vista Drive, Ottawa, Ontario K1A 0R2

001277

OFFICE TELEPHONE  
TÉLÉPHONE AU TRAVAIL

# DEDUCTIONS FROM ANNUITY OR ANNUAL ALLOWANCE

Document disclosed under the Access to Information Act -  
Document divulgué en vertu de la Loi sur l'accès à l'information

PENSIONER NUMBER

45,733

IMPORTANT: This form is to be sent to the Superannuation Division.

## PART 1 - TO BE COMPLETED BY THE PERSONNEL OFFICER

NAME OF CONTRIBUTOR <b>Cadieux, Marcel</b>		ADDRESS <b>2047 Chandlers Rd, Ottawa K1H 6K4</b>		DATE OF BIRTH <b>17 June 1915</b>
PAYING OFFICE <input type="checkbox"/> CENTRAL PAY DIVISION <input checked="" type="checkbox"/> OTHER PAYING OFFICE (SPECIFY) <b>CRPO</b>	DEPARTMENT NO. <b>030</b>	PAYLIST NO. <b>035</b>	EMPLOYEE NO. <b>SIN</b>	DATE OF TERMINATION <b>29 Dec. 1979</b>

IF THE CONTRIBUTOR IS A MEMBER OF THE GSMIP AT THE TIME OF TERMINATION, BLOCK 10 MUST BE COMPLETED

PLAN	POLICY, ACCOUNT, OR CERTIFICATE NUMBER	MONTH OF LAST DEDUCTION FROM SALARY	AMOUNT OF DEDUCTION FROM ANNUITY	MONTH OF FINAL PAYMENT
1. ONTARIO HEALTH INSURANCE PLAN (ATTACH FORM 104) (SEE NOTE 4)	<b>53253456 (33)</b>	<b>Dec 1979</b>	<b>21.90</b>	
2. PROVINCIAL MEDICARE PLAN (INDICATE PROVINCE)				
3. BLUE CROSS PLAN	<b>JAN 24 1980</b>			
4. CIVIL SERVICE MUTUAL BENEFIT SOCIETY		<b>DECEMBER 79</b>	<b>.82¢</b>	
5. VETERANS LAND ACT				
6. CIVIL SERVICE INSURANCE (DEPT. OF INS.)				
7. RETURNED SOLDIERS INS.				
8. VETERANS INS.				
9. CANADA SAVINGS BONDS				
10. GROUP SURGICAL-MEDICAL INSURANCE PLAN	<b>007/1,018,182</b> <b>107/1,018,182</b>	<b>DEC 1979</b> <b>DEC 1979</b>	<b>4.43</b> <b>2.64</b>	
11. POST OFFICE MUTUAL BENEFIT SOCIETY				
12.				

DATE **January 24, 1980** SIGNATURE OF AUTHORIZED PERSONNEL OFFICER *[Signature]*

## PART 2 - TO BE COMPLETED BY THE CONTRIBUTOR ONLY (NOT APPLICABLE TO A WIDOW)

- ☒ I, THE ABOVE-NAMED CONTRIBUTOR, AUTHORIZE THE ABOVE DEDUCTIONS FROM MY ANNUITY.  
☐ I, THE ABOVE-NAMED CONTRIBUTOR, REQUEST THAT NO DEDUCTIONS BE MADE FROM MY ANNUITY.

DATE **December 19, 1979** SIGNATURE OF CONTRIBUTOR *[Signature]*

IMPORTANT: 1. IF YOU ARE NOT A MEMBER OF THE GROUP SURGICAL-MEDICAL INSURANCE PLAN AT THE TIME OF TERMINATION AND YOU DESIRE THIS COVERAGE, YOU MUST APPLY ON FORM 487 PSC-2 AND FORWARD IT TO THE PERSONNEL OFFICER OF YOUR DEPARTMENT.

2. IF YOU WISH TO CONTINUE ASSIGNMENTS TO THE ASSOCIATED MEDICAL SERVICES (A.M.S.) IT IS YOUR RESPONSIBILITY TO APPLY ON CONTINUATION FORM NO. G-15 AND APPLICATION CARD NO. G-66 AND FORWARD THEM TO:

THE ASSOCIATED MEDICAL SERVICES, INC., 615 YONGE STREET, TORONTO 5, ONTARIO.

## PART 3 - TO BE COMPLETED BY THE SUPERANNUATION DIVISION

NATURE OF ENTITLEMENT  
☐ IMMEDIATE ANNUITY  
☐ ANNUAL ALLOWANCE PAYABLE IMMEDIATELY  
☐ REINSTATEMENT FOLLOWING RE-EMPLOYMENT

EFFECTIVE DATE OF ANNUITY OR ALLOWANCE:

SIGNATURE

UNIT

DATE

NOTE: 1. THIS FORM IS REQUIRED BY THE DEPT. OF SUPPLY AND SERVICES TO ASSIST CONTRIBUTORS WHO ARE RETIRING WITH AN IMMEDIATE ANNUITY TO MAINTAIN AN ORDERLY FLOW OF LEGAL ASSIGNMENT PAYMENTS, AND TO MINIMIZE THE EMBARRASSMENT WHICH MIGHT BE CAUSED BY DELAY IN THESE PAYMENTS.

2. ANNUITANTS ARE ASKED TO COMPLETE AND SIGN THE ATTACHED TD 1 FORM.

3. UPON COMPLETION OF THESE FORMS, THEY SHOULD BE RETURNED TO THE PERSONNEL OFFICER WHO WILL FORWARD THEM TO THE SUPERANNUATION DIVISION WITH NOTICE OF TERMINATION.

4. PERSONNEL OFFICERS SHOULD ADVISE RETIRING EMPLOYEES THAT BLUE CROSS SUPPLEMENTARY COVERAGE IS AVAILABLE ONLY TO THOSE SUBSCRIBERS WHO CARRIED THIS COVERAGE AS ACTIVE EMPLOYEES.

EMPLOYEE'S RETURN  
DECLARATION DE L'EMPLOYÉ  
POUR LA RETENUE DE L'IMPÔT

• Complete and file one copy of this return with your employer

- (a) when you commence employment, or  
(b) within seven days of any change in your exemptions.

• This return need not be filed by employees claiming the "Basic Personal Exemption" only.

• If you do not file this return, as required, income tax will be deducted as though you were a single person without dependants.

• If you believe there are other exemptions that you could claim on your income tax return you may ask your District Taxation Office whether they may be taken into account in arriving at your tax deduction.

• Do not claim a child or other dependant whose net income for the year will exceed \$2,990.

• Net income of your spouse or dependants includes any pension or supplement under the Old Age Security Act or any similar Act or any provincial benefits under the Canada or Québec Pension Plan and the Unemployment Insurance Act, 1971.

• Remettez un exemplaire dûment rempli de la présente déclaration à votre employeur

- a) au début de votre emploi, ou  
b) dans les sept jours suivant tout changement dans vos exemptions.

• Les employés qui demandent uniquement «l'Exemption personnelle de base» n'ont pas besoin de produire cette déclaration.

• Faute de produire la présente déclaration, ainsi que vous y êtes tenu, l'impôt sur le revenu sera retenu comme si vous étiez célibataire sans personnes à charge.

• Si vous croyez avoir droit à d'autres exemptions dans votre déclaration d'impôt sur le revenu, demandez à votre bureau de district d'impôt si vous pouvez en tenir compte en calculant votre retenue de l'impôt.

• Vous ne pouvez compter un enfant ou une autre personne à charge dont le revenu net pour l'année dépassera \$2,990.

• Le revenu net de votre conjoint ou des personnes à votre charge comprend toute pension ou tout supplément en vertu de la Loi sur la sécurité de la vieillesse ou en vertu de toute loi provinciale semblable, ainsi que les prestations du Régime de pensions du Canada, du Régime de rentes du Québec ou de la Loi de 1971 sur l'assurance-chômage.

FAMILY OR LAST NAME (Print) - NOM DE FAMILLE (en caractères d'imprimerie)	USUAL FIRST NAME AND INITIALS - PRÉNOM USUEL ET INITIALES	SOCIAL INSURANCE NUMBER NUMÉRO D'ASSURANCE SOCIALE
Cadieux	Marcel	4 1 6 9 1 5 6 0 1
ADDRESS - ADRESSE		DATE OF BIRTH (Day, Month, Year) DATE DE NAISSANCE (jour, mois, année)
2047 Chalmers Road, OTTAWA, Ontario.		17 June 1915
K1H 6K4		

Complete the "Claim for Exemptions" area on the reverse side and enter your "Net Claim".

\$ 6760

Remplissez la section «Exemptions réclamées», au verso, et inscrivez la «Réclamation nette».

Refer to the "Table" below and enter the applicable "Net Claim Code".

10

Consultez la «Table» ci-dessous et inscrivez le «Code de réclamation nette» approprié.

Table of Net Claim Codes Table des codes de réclamation nette	
Net Claim for 1980 Réclamation nette pour 1980 From - De To - À	Net Claim Code Code de réclamation nette
\$2,890 - \$2,940	1
2,941 - 3,430	2
3,431 - 3,760	3
3,761 - 4,030	4
4,031 - 4,470	5
4,471 - 4,800	6
4,801 - 5,300	7
5,301 - 5,890	8
5,891 - 6,380	9
6,381 - 6,870	10
6,871 - 7,300	11
7,301 - 7,740	12
7,741 - 8,040	13
8,041 and up - et plus	X
Exemption from Tax Deduction as claimed below Exonération de la retenue de l'impôt réclamée ci-dessous	0

• Your "Net Claim Code" is used by your employer to determine the tax deduction required from your remuneration.

• Votre employeur utilise votre «Code de réclamation nette» pour déterminer l'impôt à retenir sur votre rémunération.

Claim for Exemption from Tax Deduction - Valid for current calendar year only.

This area is to be completed by an individual who is receiving remuneration that is subject to tax deduction but who wishes to claim exemption because "Total estimated income from all sources for the year" including taxable benefits and Family Allowance payments, will be less than the "Net Claim" above. No claim may be made here by a person not resident in Canada for the whole year unless your earnings in Canada will be less than your exemptions apportioned to the period of residence in Canada. If you qualify for this exemption, your "Net Claim Code" is "0".

Demande d'exonération de la retenue de l'impôt - Valable pour l'année civile en cours seulement.

La présente section doit être remplie par un particulier dont la rémunération est assujettie à la retenue de l'impôt et qui désire en être exonéré parce que le «Total des revenus estimatifs de toutes provenances pour l'année», y compris les avantages imposables et les allocations familiales, sera inférieur à la «Réclamation nette» susmentionnée. Si vous ne résidez pas au Canada pendant toute l'année, vous ne pouvez demander cette exonération, à moins que vous n'estimiez que vos gains au Canada seront inférieurs à vos exemptions proportionnées à votre période de résidence au Canada. Si vous avez droit à la présente exonération, votre «Code de réclamation nette» est «0».

Income to date this year from all sources - Revenu de toutes provenances jusqu'ici cette année

Estimated income for remainder of year from all sources - Revenu estimatif de toutes provenances d'ici la fin de l'année

Total estimated income from all sources for the year - Total des revenus estimatifs de toutes provenances pour l'année

Certification

I HEREBY CERTIFY that the information given in this return is true, correct and complete to the best of my knowledge and belief.

Signature

It is a serious offence to make a false return - Quiconque fait une fausse déclaration commet une infraction grave.

Warning: An employer should refer a form TD1 containing doubtful statements to the District Taxation Office. Any person who knowingly accepts a form TD1 containing false or deceptive statements commits a serious offence. Employers must retain completed forms TD1 for inspection by officers of the Department of National Revenue, Taxation.

Form authorized and prescribed by the Minister of National Revenue

Attestation

J'É CERTIFIE que les renseignements donnés dans la présente déclaration sont vrais, exacts et complets pour autant que je sache.

Date December 19 1979

Avertissement: L'employeur doit soumettre toute formule TD1 renfermant des déclarations douteuses au bureau de district d'impôt. Quiconque accepte sciemment une formule TD1 renfermant des déclarations fausses ou trompeuses commet une infraction grave. Les employeurs doivent conserver les formules TD1, une fois qu'elles ont été remplies, aux fins d'inspection par les fonctionnaires du ministère du Revenu national, Impôt.

Formule autorisée et prescrite par le ministre du Revenu national

001280

Claim for Exemptions—Exemptions réclamées

Basic Personal Exemption—Exemption personnelle de base

Married or Equivalent Exemption—Exemption de marié(e) ou l'équivalent

If applicable, check ☒ and claim only one of the 4 items: S'il y a lieu, cochez ☒ et réclamez un seul des 4 articles ci-après.  
If your spouse's net income, while married, will exceed \$2,990 in the year, you may not claim this exemption.  
Si le revenu net de votre conjoint, pendant le mariage, doit dépasser \$2,990 dans l'année, vous ne pouvez pas réclamer cette exemption.

Married and supporting spouse—Marié(e) et soutien d'un conjoint

- ☐ 1. whose net income for the year, while married, will not exceed \$460  
dont le revenu net pour l'année, pendant le mariage, ne dépassera pas \$460  
Claim—Réclamez \$2,530
- ☐ 2. whose net income for the year, while married, will exceed \$460 but not \$2,990  
dont le revenu net pour l'année, pendant le mariage, dépassera \$460 sans dépasser \$2,990  
\$2,990

Less: spouse's net income—Moins le revenu net du conjoint

\$1,000

\$ 1,990

Claim—Réclamez \$1,990

Single, divorced, separated or widow(er)—Célibataire, divorcé(e), séparé(e) ou veuf(veuve)

(See information in item A below)

(Voir les indications de l'alinéa A ci-après)

If the dependant's net income for the year—Si le revenu net de la personne à charge, pour l'année,

Claim—Réclamez \$2,530

- ☐ 3. will not exceed \$460, provide details  
ne doit pas excéder \$460, fournissez des précisions

- ☐ 4. will exceed \$460, but not \$2,990  
doit excéder \$460, sans excéder \$2,990

\$2,990

Less: dependant's net income—Moins le revenu net de la personne à charge

\$

Claim—Réclamez \$

Name—Nom

Relationship to you—Lien de parenté avec vous

Exemption for Wholly Dependent Children—Exemption pour enfants entièrement à charge

See information in item B below. Provide details below.

Under age 18 at end of the year—If net income will not exceed \$1,910, claim \$540. If net income will exceed \$1,910 but not \$2,990 claim \$540 minus one-half the amount in excess of \$1,910.

Age 18 or over at end of the year—If net income will not exceed \$2,000, claim \$990. If net income will exceed \$2,000 but not \$2,990, claim \$990 minus the amount in excess of \$2,000.

Voit les indications de l'alinéa B ci-après. Fournissez des précisions.

Moins de 18 ans à la fin de l'année—Si le revenu net ne doit pas excéder \$1,910, réclamez \$540. Si le revenu net doit excéder \$1,910 sans excéder \$2,990, réclamez \$540 moins la moitié du montant en sus de \$1,910.

Agé de 18 ans ou plus à la fin de l'année—Si le revenu net ne doit pas excéder \$2,000, réclamez \$990. Si le revenu net doit excéder \$2,000 sans excéder \$2,990, réclamez \$990, moins le montant excédant \$2,000.

Name of child (Attach list if space is insufficient) (Annexez une liste si l'espace est insuffisant)	Estimated annual net income—Revenu annuel net estimé	Date of birth Date de naissance Day Month Year Jour Mois Année	If over 21, state school attended or whether infirm—S'il a plus de 21 ans, indiquez l'école fréquentée ou dites s'il est infirme.
François	2100	2 8 57	Carleton University
René	800	5 9 61	

\$ 890.00

\$ 990.00

\$

Exemption for Other Dependents—Exemption pour autres personnes à charge

(a) Parents, Grandparents, Brothers or Sisters (including in-laws)—Père, mère, grands-parents, frères ou sœurs (et ceux du conjoint)

(b) Aunts or Uncles Resident in Canada (including in-laws)—Tantes et oncles résidant au Canada (et ceux du conjoint)

See information in item C below. Provide details and claim estimated cost to you of support of each dependant.

Voit les indications de l'alinéa C ci-après. Fournissez des précisions et réclamez le montant estimatif que vous dépenserez pour l'entretien de chaque personne à charge.

Name and address of dependant Nom et adresse de la personne à charge (Attach list if space is insufficient) (Annexez une liste si l'espace est insuffisant)	Dependant's—Personne à charge Net income in year—Revenu net dans l'année Year of birth—Année de naissance	Estimated cost to you of support of dependant—Montant estimatif que vous dépenserez pour l'entretien de la personne à charge	If over 21, state school attended or whether infirm—Si elle a plus de 21 ans, indiquez l'école fréquentée ou dites si elle est infirme.

\$

\$

\$

Age Exemptions—Exemptions en raison d'âge

If you are 65 years of age or over—Si vous êtes âgé de 65 ans ou plus

Claim—Réclamez \$1,810

If your spouse is 65 years of age or over you may claim any unused balance of the exemption amount (maximum \$1,810)—Si votre conjoint a 65 ans ou plus, vous pouvez déduire la fraction inutilisée de l'exemption jusqu'à concurrence de \$1,810.

Unused Balance  
Fraction inutilisée

\$

Disability Exemptions—Exemptions pour invalidité

For persons totally blind at any time in the year, or confined to a bed or wheelchair for a substantial period each day throughout any 12 month period ending in the year.—Pour les personnes complètement aveugles à une date quelconque de l'année et pour celles qui doivent garder le lit ou demeurer dans un fauteuil roulant pendant de longues périodes chaque jour au cours de toute période de 12 mois se terminant dans l'année.

For yourself—Pour vous-même

Claim—Réclamez \$1,810

You may claim any unused balance of the disability exemption (maximum \$1,810) to which your spouse, child, grandchild or supported individual (see item A below) is entitled.—Vous pouvez réclamer toute fraction inutilisée de l'exemption pour invalidité (jusqu'à concurrence de \$1,810) à laquelle votre conjoint, enfant, petit-enfant ou personne à votre charge a droit (voir A ci-après).

Unused Balance  
Fraction inutilisée

\$

Student Exemptions—Exemptions pour les étudiants

1. Claim \$50 for each month in the year you will be a student in full-time attendance at only the following:  
a university or college or an institution offering job retraining courses.

Réclamez \$50 pour chaque mois de l'année où vous fréquenteriez à plein temps une université, un collège ou un établissement dispensant des cours de formation professionnelle.

2. Claim your tuition fees less the total amount of all scholarships, fellowships or bursaries exceeding \$500 which you will receive during the calendar year.—Réclamez vos frais de scolarité moins le montant global (excédant \$500) de toutes les bourses d'études, de perfectionnement (fellowships) ou d'entretien que vous recevrez au cours de l'année civile.

\$

\$

\$

Total—Total

\$ 6,760.00

Deduct: Taxable Family Allowance Payments (To be received in year for children claimed above.)

Déduire: le montant des versements imposables d'allocations familiales (A recevoir au cours de l'année pour les enfants nommés ci-dessus.)

\$

Net Claim—(Will not be less than \$2,890. Enter this amount on reverse side.)

Réclamation nette—(Ne doit pas être inférieure à \$2,890. Inscrire le montant au verso.)

\$

A—Claim exemption for a relative (a) wholly dependent on you or you and one or more other persons and (b) domiciled with you, in a dwelling maintained by you or by you and other persons to whom the dependant is related. (Claim only if there is agreement that no other person claims for the same dependant or for the same residence.)

A—Réclamez une exemption pour un parent a) qui est entièrement à votre charge ou à votre charge et à la charge d'une ou de plusieurs autres personnes et b) qui vit dans un logement tenu par vous ou par vous et d'autres personnes apparentées à la personne à charge. (Vous n'avez droit à cette exemption que s'il a été convenu que personne d'autre n'en présentera pour la même personne ou relativement au même logis.)

B—Claim exemption for a wholly dependent son, daughter, grandchild, niece or nephew under 21, or any age if in full-time attendance at school, university, or infirm. Claim only for a niece or nephew if (a) you have complete custody and control or (b) the child resides in Canada and the mother is also widowed, separated or divorced and receives no alimony or allowance for child maintenance, or the father is mentally or physically infirm. Do not claim here for a child claimed in item 3, or 4.

B—Réclamez une exemption pour un fils, une fille, un petit-fils, une petite-fille, une nièce ou un neveu de moins de 21 ans entièrement à votre charge, ou de tout âge s'il fréquente à plein temps une école ou une université ou s'il est infirme. Vous ne pouvez compter une nièce ou un neveu comme personne à charge que si a) vous en avez la garde et la responsabilité entière ou b) l'enfant demeure au Canada et sa mère est veuve, séparée ou divorcée et ne touche aucune pension alimentaire ou allocation pour l'entretien de l'enfant, ou le père est atteint d'infirmité physique ou mentale. Il ne faut pas faire de demande ici à l'égard d'un enfant compté au n° 3 ou au n° 4.

C—Do not claim over the maximum described in the "Wholly Dependent Children" area. If any other person contributes to the support of the dependant, the aggregate claimed by you and the other person must not exceed the allowable maximum. No claim may be made here for a dependant over age 21 who is not mentally or physically infirm (except a brother or sister in full-time attendance at a school or university) or a dependant claimed in item 3, or 4.

C—Ne réclamez pas un montant supérieur à celui indiqué à la section «Enfants entièrement à charge». Si quelqu'un d'autre a aidé à subvenir aux besoins de la personne à charge, le montant global compté par vous et cette autre personne ne doit pas dépasser le maximum admissible. Aucune réclamation ne doit être faite ici à l'égard d'une personne à charge âgée de plus de 21 ans qui n'est pas atteinte d'infirmité physique ou mentale (sauf s'il s'agit d'un frère ou d'une sœur qui fréquente à plein temps l'école ou l'université) ou d'une personne à charge comptée au n° 3 ou 4.



INSTRUCTIONS

- Must be completed at retirement or extension beyond age 65.
- Copies 1. and 2. to be sent to: Superannuation Division, Jeanne Mance Bldg. Tunneys Pasture Ottawa, Ontario K1A 0T9.
- Copy 3. Department personnel.
- Copy 4. Retained by employee/pensioner.

- Remplir au moment de la retraite ou en cas de prolongation d'emploi au delà de 65 ans.
- Faire parvenir les exemplaires 1 et 2 à la Division des pensions de retraite, Édifice Jeanne Mance, parc Tunney, Ottawa (Ontario), K1A 0T9.
- Le personnel du ministère conserve l'exemplaire 3.
- L'employé(e) retraité(e) conserve l'exemplaire 4.

SOC. INS. NUMBER - N° D'ASS. SOC.

416-915-601

SUP. NO. - N° DE PENSION DE RETRAITE

45,733

SURNAME - NOM

GIVEN NAME - PRÉNOM

INITIALS - INITIALES

CADIEUX

Marcel

JRD

HOME ADDRESS - ADRESSE À DOMICILE

2047 Chalmers Road,  
OTTAWA, Ontario.  
K1H 6K4

REVIEWER  
RÉVISEUR

DEPARTMENT - MINISTÈRE

RCMP

BRANCH - DIRECTION

LOCATION - LIEU DE TRAVAIL

Ottawa

In accordance with section 107(2) of the Canada Pension Plan and regulations made thereunder, I hereby authorize the Canada Pension Plan on my behalf. Conformément à l'article 107(2) du Régime de pensions du Canada, et à la réglementation faite en vertu de la Loi sur l'accès à l'information, j'autorise la divulgation une fois l'an par la réception d'une demande de pensions du Canada, sur réception d'une demande dont la présentation est reconnue satisfaisante par le directeur général du Régime de pensions du Canada, de renseignements sur les pensions aux fonctionnaires suivants.

491 - PUBLIC SERVICE SUPERANNUATION ADMINISTRATION

The monthly amount of any retirement or disability Pension payable by the Canada Pension Plan, under the above account, the date such Pension commenced and the date such Pension ceased until such time as I revoke this request in writing.

491 - L'ADMINISTRATION DE LA PENSION DE RETRAITE DE LA FONCTION PUBLIQUE

Le montant mensuel de la pension de retraite ou d'invalidité payable par le Régime de pensions du Canada à même le compte susmentionné, la date à laquelle les prestations sont devenues payables et la date à laquelle elles ont cessé et ce jusqu'à ce que je révoque, par écrit, la présente autorisation.

RESTRICTIONS

INFORMATION SHALL NOT BE COMMUNICATED:

- Unless the applicable administration certifies in a form satisfactory to the Director General, Canada Pension Plan, that the information will not be disclosed to any creditor or person not entitled to the information, and;
- Unless the person who signs the request is the contributor, or his legal representative.

RESTRICTIONS

LES RENSEIGNEMENTS NE SERONT DIVULGUÉS QUE SI:

- L'administration visée garantit de façon jugée acceptable par le directeur général du Régime de pensions du Canada que ces renseignements ne seront transmis à aucun créancier ou à aucune personne non autorisée et;
- Le signataire est le cotisant ou son représentant légal.

STATEMENT OF UNDERTAKING

I DO HEREBY ATTEST THAT:

- ☐ I am ☒ I am not in receipt of disability or retirement benefits under the Canada or Quebec Pension Plan.
- If I become entitled to disability or retirement benefits I will forward a copy of my award letter to or inform the Superannuation Division.
- If I have a copy of my benefit entitlement notice I will send a copy to the Superannuation Division.
- I will repay any overpaid benefits which may result in my superannuation annuity from any subsequent entitlement to disability or retirement benefits under either the Canada or Quebec Pension Plan.

JE CERTIFIE PAR LES PRÉSENTES:

- Que je reçois ☐ que je ne reçois pas ☒ de prestations d'invalidité ou de retraite du Régime de pension du Canada ou du Régime des rentes du Québec.
- Que si je deviens admissible aux prestations d'invalidité ou de retraite, j'envoierai un exemplaire de l'avis de pension de retraite du Canada à la division des pensions de retraite ou je l'en informerai moi-même.
- Que j'envoierai un exemplaire de mon avis d'autorisation de prestation à la division des pensions de retraite si j'en ai un en ma possession.
- Que je m'engage à rembourser les prestations qui peuvent m'être versées en trop avec ma pension de retraite si je deviens admissible plus tard aux prestations d'invalidité ou de retraite du Régime de pensions du Canada ou du Régime des rentes du Québec.

AUTHORIZATION

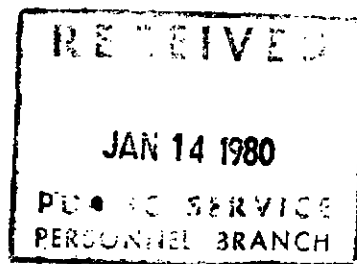
I have read the restrictions and I understand the nature and effect of this authorization to communicate the above information to the administration named herein.

- I am ☒ The contributor  
☐ The legal representative

AUTORISATION

J'ai lu les restrictions ci-après: Je comprends la nature et la portée de cette autorisation à communiquer les renseignements ci-dessus à l'administration en question.

- Je suis ☐ Le cotisant  
☐ Le représentant légal



DOCTEUR D'ORDRE 1215112  
ADJUTANT L'ORDRE

JAN 14 1980

RECEIVED  
RECEIVED

● HANDWRITE - ÉCRIRE À LA MAIN

Class Document divulgué en vertu de la Loi sur l'accès à l'information

P-5. 12246

1	TO - À <i>File</i>	FROM - DE <i>Hélène</i>	DATE <i>79-12-19</i>
2		<i>Comp &amp; Benefits</i>	
3			
4			

SUBJECT - SUJET

*Retirement date*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Comments<br>Commentaires  | <input type="checkbox"/> Prepare Reply<br>Réponse à rédiger | <input type="checkbox"/> Make File(s)<br>Dossier(s) à ouvrir                           |
| <input type="checkbox"/> Perusal - No action required<br>Pour information - aucune suite requise | <input type="checkbox"/> Prepare Brief<br>Exposé à préparer | <input type="checkbox"/> Return with Current File<br>Retourner avec le dossier courant |
| <input type="checkbox"/> Examination and Action<br>Pour examen et suite                          | <input type="checkbox"/> See Sender<br>Voir l'expéditeur    | <input type="checkbox"/> Check Records<br>Vérifier les archives                        |

REMARKS - COMMENTAIRES

REPLY - RÉPONSE

*Mr Cadieux had originally decided on retiring off 79-12-20; however, date was changed to 79-12-29. Mrs. Hynes for Cst. Affairs doesn't think we'd get amended resignation letter to that effect.*

*M*

REVIEWED

*21*

DEC 19 1979

ADMIN. RECORDS

A-5 (4/77) 7530-21-029-4767

ROYAL CANADIAN  
MOUNTED POLICEGENDARMERIE ROYALE  
DU CANADATRANSIT  
SLIPFICHE  
DE SERVICE

PA

Initial - Initiales Date

79.001284

18



RCMP GRC

TRANSIT  
SLIP

FICHE  
DE SERVICE

Classification

File No. - N° du dossier

• HANDWRITE - ÉCRIRE À LA MAIN

TO A	Denise / Sharon L.	FROM - DE Michel
		REVIEWER... 21
		DEC 19 1979
		ADMIN. RECORDS

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Comments<br>Commentaires                                  | <input type="checkbox"/> Examination and Action<br>Lire et donner | <input type="checkbox"/> Prepare Brief<br>Préparer un exposé | <input type="checkbox"/> Return with Current File<br>Retourner avec le dossier actuel |
| <input type="checkbox"/> Perusal - No action required<br>À titre de renseignements | <input type="checkbox"/> Prepare Reply<br>Rédiger une réponse     | <input type="checkbox"/> Make File(s)<br>Ouvrir un dossier   | <input type="checkbox"/> Check Records<br>Vérifier les dossiers                       |

Subject - Sujet Marcel Lachance	Date 79-12-18
------------------------------------	------------------

REMARKS (Use same A-5 for Reply when space permits) - REMARQUES (Si l'espace le permet, répondre sur cette formule)

I guess we don't have much choice than to consider Mr. Lachance as one of our employees for his retirement processing.

If I may be of any help please let me know - I know Mr. A. Beauchemin the Dir. of Pers. Oper. Div. personally.

Please prepare the necessary documentation and advise me before you send out anything since I'm checking to see if we can get away from footing the 39,121.44 pension pay. To this any other charges to this Sept. upon retiring.

79-12-18: As per discussion with Michel 218.75 days unused annual leave to be paid (approx: \$61,127.24).

Sharon  
I've added more material such as a copy of his letter of resignation - Note 20 dec rather than 29 dec on DSS 2241 as submitted by Lach. Aff. We will be processing via the C.F.O. 100% of all costs. Please keep me posted on a daily basis as to how we are coming along.

P.A. - A.C.	
Date	Init./N°
	0001286

79-12-18

Department of External Affairs



Canada

Ministère des Affaires extérieures

To: M. Cadieux

From: APRE

Subject: Severance Pay

REVIEWER  
RÉVISEUR

JAN 24 1980

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

Date: 14 Dec. 1979

You will be entitled to 28 weeks severance pay at an annual rate of \$ 72,900.  
as a Special (Temp) Advisor. We estimate this to be a gross amount of \$ 32,121.44.

Severance pay is a retiring allowance, and as such, may at your request be transferred directly to a Registered Retirement Savings plan or an Income Averaging Annuity contract without any tax deductions at source. Please indicate below which option you have chosen, sign in the relevant section, and return one copy to APRE. No action will be taken to requisition payment of your severance pay until this form is returned.

- ☐ A. I am interested in transferring my severance pay to a Registered Retirement Savings plan. Please send me the required forms for completion.
- ☐ B. I am interested in transferring my severance pay to an Income Averaging Annuity contract. Please send me the required forms for completion.
- ☐ C. I am not interested in transferring my severance pay to either of these plans. Please issue the cheque in the normal manner and send it directly to me.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Note: It is the employee's personal responsibility to make all arrangements with the bank or trust company, etc. regarding the plans in options A or B. 001287



Government  
of Canada

Gouvernement  
du Canada

FROM  
DE

APRE / Internal Affairs

File No. (originator) — Dossier n° (source)

TO  
À

RCMP

File No. (addressee) — Dossier n° (destinataire)

DEC 19 1979

Subject - Objet

Marcel Cadieux

ADMIN. RECORDS

Mr. Cadieux has not yet indicated what he wishes done with his  
severance pay, so the applicable forms will have to follow later.

Also, TD1, DSS 1422, will be sent to you as soon as he has signed  
them. (Hopefully, Monday).

Signature

A.C. Hynes

Date

11-12-79

Reply - Réponse

DSS 2265 will be provided also.

7540-21-029-0717

GC 59

Signature

Date

1

ADDRESSEE  
DESTINATAIRE

Please add reply — Keep this copy and return No. 2 to originator.  
Ajouter la réponse — Garder cet exemplaire et renvoyer le n° 2 à la source.

PA 001288  
24

Department of External Affairs



Ministère des Affaires extérieures

Canada

27  
REVIEWER.....

OTTAWA, K1A 0G2

December 6, 1979

DEC 19 1979

ADMIN. REC'D

Dear Mr. Séguin,

As you are aware, Mr. Marcel Cadieux has announced his intention to retire from the Public Service prior to the close of the current calendar year.

Although Mr. Cadieux became an employee of the RCMP last year when he was appointed through Order-in-Council as Special Adviser to the Commissioner, documentation prepared by us regarding his transfer to the RCMP were not sent to you at that time because of some confusion in our records registry. Since learning of Mr. Cadieux's retirement plans and in light of the fact that you were unable to handle his retirement due to not having the required records for this, we located the records and have prepared the documentation needed to deal with his retirement. This material is appended for the RCMP, as Mr. Cadieux's last employer, to complete the process.

... 2

Mr. Michel Séguin  
Officer in Charge  
Public Service Personnel Branch  
Royal Canadian Mounted Police  
Room 261 PB  
RCMP Headquarters  
1200 Alta Vista Drive  
OTTAWA, Ontario

PA

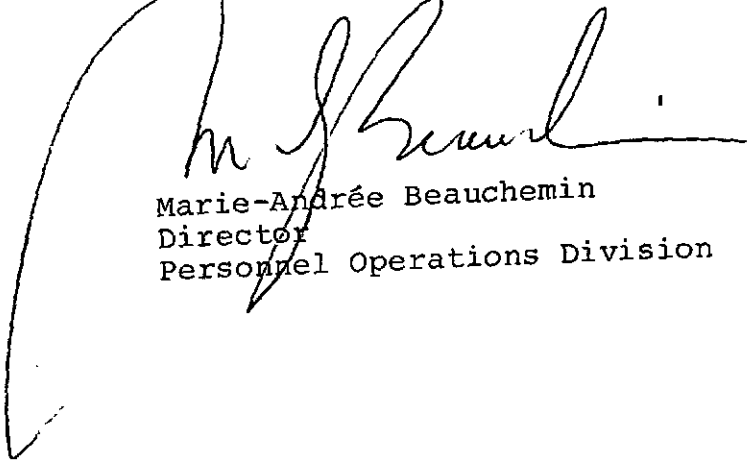
001289

- 2 -

CONFIDENTIAL  
PERSONNEL INFORMATION

Should there be any questions regarding this matter I would suggest that you contact Mr. David Stockwell, Deputy Director of our Staff Relations Division, at 992-0515.

Yours sincerely,



Marie-Andrée Beauchemin  
Director  
Personnel Operations Division



val Canadian Mounted Police Gendarmerie royale du Canada

OTTAWA, K1A 0R2  
November 19, 1979

REVIEWER  
RÉVISEUR

4

JAN 24 1980

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

Mr. Marcel Cadieux  
Special Negotiator for  
the Canada /U.S.A. Maritime  
Boundaries and Fisheries  
Department of External Affairs  
Lester B. Pearson Building  
125 Sussex Drive  
OTTAWA, Ontario  
K1A 0G2

Dear Mr. Cadieux:

Your letter of November 14 last came as quite a surprise as I had foreseen that you would still be in the harness for some time to come. Nevertheless, I can think of few people who have more justly earned the right to slow down a little and who can look back with satisfaction to such a long and worthwhile contribution to the Nation's affairs.

My very best wishes for a long and happy retirement and I do hope that we have the opportunity to see one another from time to time.

Yours sincerely,

R.H. Simmonds

BA

The Commissioner Le Commissaire

Department of External Affairs



Canada

Ministère des Affaires extérieures

REVIEWER  
RÉVISEUR

JAN 24 1980

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

PERSONNEL INFORMATION  
CONFIDENTIAL

OTTAWA, November 14, 1979.

Dear Commissioner Simmonds,

Relief is in sight!

I propose, as you will see from the attached letter to the Under-Secretary, to retire in December.

Whether I will be extended under contract remains to be seen and depends on what may transpire in the U.S. ratification debate.

But in the future the burden, if there is to be one, will be for others to carry.

Many thanks for your consideration and best wishes for the future.

Yours sincerely,

*Marcel*

M. Cadieux

Commissioner R.H. Simmonds,  
R.C.M.P. Headquarters,  
OTTAWA.

PA 14/22

4  
REVIEWER  
RÉVISEUR

JAN 24 1980

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

PERSONNEL INFORMATION  
CONFIDENTIAL

OTTAWA, November 14, 1979.

Sir,

I wish to submit my resignation from the Service, effective December 20th next.

If the Government are of the opinion that my services may be useful, in case further fisheries and boundary issues arise out of the ratification debate in the U.S. Senate or, should the Treaties be ratified, as Agent for Canada in the Gulf of Maine dispute between Canada and the USA, I would be available on terms which could be mutually agreed.

As I am about to retire from External Affairs, after a long career, I wish to extend to you and through you to our colleagues, my thanks for the friendship and consideration given to me so generously and my best wishes for the future.

Original Signed by  
M. CADIEUX  
Original signé par

M. Cadieux

The Under-Secretary of State  
for External Affairs,  
OTTAWA.

cc: Commissioner Simmonds  
RCMP

PA 14/22

STAFFING ACTION FORM - FORMULE DE DOTATION EN PERSONNEL

CONTROL INFORMATION - INFORMATION DE CONTRÔLE  
REFERENCE NO. - NO DE RÉFÉRENCE  
PSC USE ONLY - RÉSERVÉ À LA CFP

REQUESTED DEMAND - DEMANDE

A. POSITION INFORMATION - INFORMATION SUR LE POSTE  
1. POSITION NO. - NO DU POSTE  
2. ESTABLISH - ÉTABLISSEMENT  
3. GROUP, SUB-GROUP AND LEVEL - GROUPE, SOUS-GROUPE ET NIVEAU  
4. POSITION TITLE - TITRE DU POSTE  
5. DEPT. - MINISTÈRE  
6. BRANCH - DIRECTION  
7. POSITION LOCATION - LIEU DU POSTE  
8. PROPOSED STAFFING AUTHORITY - AUTORITÉ PROPOSÉE  
9. LANGUAGE REQUIREMENT - EXIGENCES LINGUISTIQUES  
10. DELEGATED - DÉLÉGUÉ  
11. ACTING - ADJUTANT  
12. APPOINTMENT - NOMINATION  
13. PRE-APPOINTMENT - PRÉ-NOMINATION  
14. EXAMEN MÉDICAL OBLIGATOIRE - EXAMEN MÉDICAL OBLIGATOIRE  
15. REMARKS - REMARQUES

B. REQUESTED BY - DEMANDEUR  
C. REQUESTED BY - DEMANDEUR  
D. STAFFING PROCESS - MÉTHODE DE DOTATION  
E. STAFFING PROCESS - MÉTHODE DE DOTATION

F. STAFFING PROCESS - MÉTHODE DE DOTATION  
G. STAFFING PROCESS - MÉTHODE DE DOTATION  
H. STAFFING PROCESS - MÉTHODE DE DOTATION  
I. STAFFING PROCESS - MÉTHODE DE DOTATION  
J. STAFFING PROCESS - MÉTHODE DE DOTATION  
K. STAFFING PROCESS - MÉTHODE DE DOTATION  
L. STAFFING PROCESS - MÉTHODE DE DOTATION  
M. STAFFING PROCESS - MÉTHODE DE DOTATION  
N. STAFFING PROCESS - MÉTHODE DE DOTATION  
O. STAFFING PROCESS - MÉTHODE DE DOTATION  
P. STAFFING PROCESS - MÉTHODE DE DOTATION  
Q. STAFFING PROCESS - MÉTHODE DE DOTATION  
R. STAFFING PROCESS - MÉTHODE DE DOTATION  
S. STAFFING PROCESS - MÉTHODE DE DOTATION  
T. STAFFING PROCESS - MÉTHODE DE DOTATION  
U. STAFFING PROCESS - MÉTHODE DE DOTATION  
V. STAFFING PROCESS - MÉTHODE DE DOTATION  
W. STAFFING PROCESS - MÉTHODE DE DOTATION  
X. STAFFING PROCESS - MÉTHODE DE DOTATION  
Y. STAFFING PROCESS - MÉTHODE DE DOTATION  
Z. STAFFING PROCESS - MÉTHODE DE DOTATION

1614940

E. NOMINATION INFORMATION - INFORMATION SUR LA NOMINATION  
26. ELIGIBLE LIST ESTABLISHED - LISTE D'ADMISSIBILITÉ ÉTABLIE  
27. NAME - NOM  
28. INITIALS - INITIALES  
29. SEX - SEXE  
30. DATE OF BIRTH - DATE DE NAISSANCE  
31. STATUS BEFORE APPOINTMENT - SITUATION AVANT LA NOMINATION  
32. PREFERRED WORKING LANGUAGE - LANGUE DE TRAVAIL PRÉFÉRÉE  
33. APPOINTMENT - NOMINATION  
34. NOT CANADIAN CITIZEN - NON-CITOYEN CANADIEN  
35. WEEKLY HOURS OF WORK - SEMAINE DE TRAVAIL (EN HEURES)  
36. APPOINTMENT GROUP, SUB-GROUP AND LEVEL - GROUPE, SOUS-GROUPE ET NIVEAU À LA NOMINATION  
37. PREVIOUS GROUP, SUB-GROUP AND LEVEL - GROUPE, SOUS-GROUPE ET NIVEAU ANTERIEURS  
38. PREVIOUS DEPARTMENT - MINISTÈRE ANTERIEUR  
39. PREVIOUS LOCATION - LIEU DE TRAVAIL ANTERIEUR  
40. GROUP/SUBGROUP CHANGE TO A LOWER MAXIMUM RATE OF PAY - GROUPE/SOUS-GROUPE CHANGEMENT À UN TAUX MAXIMUM DE TAUX MOINS ÉLEVÉ  
41. SPECIAL ASSIGNMENT - CLASSIFICATION PAY PLAN - PROGRAMME DE CLASSIFICATION D'AFFECTATION SPÉCIALE  
42. PROJECTED SALARY - TRAITEMENT PRÉVU  
43. EXCLUDED - EXCLUSION  
44. RECLASSIFICATION OF INCUMBENT'S POSITION - RECLASSIFICATION DU POSTE DU TITULAIRE  
45. EXIGENCES LINGUISTIQUES  
46. CONFIRMATION - CONFIRMATION  
47. SALARY RANGE - ÉCHELLE DE TRAITEMENT  
48. PAY OFFICE NO. - NO DU BUREAU DE PAYER  
49. PAY LIST NO. - LISTE DE PAYER  
50. EMPLOYEE PAY NO. - NO DE PAYER  
51. SUPERANNUATION FILE NO. - NO DU DOSSIER DE LA PÉNION DE RETRAITE  
52. EFFECTIVE DATE OF APPOINTMENT - DATE D'ENTRÉE EN VIGUEUR DE LA NOMINATION  
53. NAME - NOM  
54. AUTHORIZED - AUTORISATION  
55. SIGNATURE - SIGNATURE  
56. DATE - DATE

F. REMARKS - REMARQUES  
G. RECOMMENDED - RECOMMANDATION  
H. APPROVED - APPROBATION  
I. NAME - NOM  
J. MAILING ADDRESS - ADRESSE POSTALE ET MINISTÈRE  
K. TELEPHONE - TÉLÉPHONE  
L. SIGNATURE - SIGNATURE  
M. DATE - DATE  
N. CONFIRMATION - CONFIRMATION  
O. INFORMATION - INFORMATION  
P. SALARY RANGE - ÉCHELLE DE TRAITEMENT  
Q. PAY OFFICE NO. - NO DU BUREAU DE PAYER  
R. PAY LIST NO. - LISTE DE PAYER  
S. EMPLOYEE PAY NO. - NO DE PAYER  
T. SUPERANNUATION FILE NO. - NO DU DOSSIER DE LA PÉNION DE RETRAITE  
U. EFFECTIVE DATE OF APPOINTMENT - DATE D'ENTRÉE EN VIGUEUR DE LA NOMINATION  
V. NAME - NOM  
W. AUTHORIZED - AUTORISATION  
X. SIGNATURE - SIGNATURE  
Y. DATE - DATE

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JUN 28 1979

REC-1  
JUN 28 1979  
PUBLIC SERVICE  
PERSONNEL DIVISION

1614940

STAFFING REFERENCE NUMBER  
N° DE RÉFÉRENCE - DOTATION EN PERSONNEL

**E. NOMINATION INFORMATION - INFORMATION SUR LA NOMINATION**

26. ELIGIBLE LIST ESTABLISHED BY THIS STAFFING ACTION  
LISTE D'ADMISSIBILITÉ ÉTABLIE DANS LE CADRE DE CETTE DOTATION

27. NAME - NOM: **Cadieux**

28. INITIALS - INITIALES: **M**

29. SEX - SEXE: **M**

30. DATE OF BIRTH - DATE DE NAISSANCE: **17 06 15**

31. STATUS BEFORE APPOINTMENT - SITUATION AVANT LA NOMINATION: **1**

32. PREFERRED WORKING LANGUAGE - LANGUE DE TRAVAIL PRÉFÉRÉE: **2**

33. APPOINTMENT TENURE - DURÉE DE L'EMPLOI: **2**

34. NOT CANADIAN CITIZEN - NON-CITOYEN CANADIEN: **35**

35. WEEKLY HOURS OF WORK - SEMAINE DE TRAVAIL (EN HEURES): **37.5**

36. APPOINTMENT GROUP AND LEVEL - GROUPE, SOUS-GROUPE ET NIVEAU À LA NOMINATION: **37**

37. PREVIOUS GROUP AND LEVEL - GROUPE, SOUS-GROUPE ET NIVEAU ANTERIEURS

38. PREVIOUS DEPARTMENT - MINISTÈRE ANTERIEUR

39. PREVIOUS LOCATION - LIEU DE TRAVAIL ANTERIEUR

40. GROUP/UNDERGROUP CHANGE TO A HIGHER MAXIMUM RATE OF PAY - GROUPE/SOUS-GROUPE CHANGEMENT À UN TAUX MAXIMUM DE PÉRIODE D'ÉLÉVATION

41. SPECIAL ASSIGNMENT - CLASSIFICATION PAY PLAN

42. PROJECTED SALARY - TRAITEMENT PRÉVU

43. PROGRAMME DE CLASSIFICATION ET DE RÉMUNÉRATION D'AFFECTATION SPÉCIALE

44. RECLASSIFICATION POSITION - POSTE DU TITULAIRE

45. LANGUAGE REQUIREMENT - EXIGENCES LINGUISTIQUES

46. EXCLUDED - EXCLUSION

47. MET - SATISFAITES

48. OTHER - AUTRE

49. DATE - DATE

50. EMPLOYEE PAY NO. - N° DE PAYER EMPLOYÉ

51. DATE OF ISSUE - DATE DE DÉMISSE

52. EFFECTIVE DATE OF APPOINTMENT - DATE DE LA NOMINATION

53. NAME - NOM

54. SUPERANNUATION FILE NO. - N° DU DOSSIER DE LA PENSION DE RETRAITE

55. APPOINTMENT - NOMINATION

56. AUTHORIZED - AUTORISATION

57. NAME - NOM

58. W.L. MacIntosh

59. RCM 21 BSO

60. DATE - DATE

61. 3-2600

62. TELEPHONE - TÉLÉPHONE

63. 3-2600

64. SIGNATURE - SIGNATURE

65. W.L. MacIntosh

66. RCM 21 BSO

67. DATE - DATE

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69. TELEPHONE - TÉLÉPHONE

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688. W.L. MacIntosh

689. RCM 21 BSO

690. DATE - DATE

691. 3-2600

692. TELEPHONE - TÉLÉPHONE

693. 3-2600

694. SIGNATURE - SIGNATURE

695. W.L. MacIntosh

696. RCM 21 BSO

697. DATE - DATE

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702. W.L. MacIntosh

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716. W.L. MacIntosh

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723. W.L. MacIntosh

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800. W.L. MacIntosh

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807. W.L. MacIntosh

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813. SIGNATURE - SIGNATURE

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818. TELEPHONE - TÉLÉPHONE

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820. SIGNATURE - SIGNATURE

821. W.L. MacIntosh

822. RCM 21 BSO

823. DATE - DATE

824. 3-2600

825. TELEPHONE - TÉLÉPHONE

826. 3

CHEQUE TRANSMITTAL



FORMULE D'ENVOI DE CHÈQUES

Place - Lieu

Ottawa, Ontario

Date

1979-06-27

TO  
A

Commissioner's Office  
Attn: Executive Office

FOLD  
PLIEZ

ENCLOSED IS/ARE  
CI-JOINT,

Government of Canada  
as per Salary and Deduction Paylist dated 79-06-20

#531-7944573 in favour of M. CADIEUX, Gross \$1471.95, Net \$757.76  
representing retro active salary revision for period 79-04-01  
to 79-06-22 inclusive.

REVIEWER.....

ADMIN. RECORDS

*f. scarrere*  
Mrs. D. Revine, A/Head  
Signature  
Compensation & Benefits Sec./PSPB

F 119 (2/72) (7530-21-029-4439)

P.A.

ADM. 14  
INT.

Bedien M.

Revision due for period 1-4-79  
to 22-6-79.

Due 72900

Recd 66500

6400

= 24.53 x 60 = 1471.94

CPD issued on 20-6-79 1471.95

P. A.

JUN 20 1979

ADM. 14/22  
INIT. J

P.S. 12246

● HANDWRITE - ÉCRIRE À LA MAIN

1	TO - <i>Note to file</i>	FROM - <i>Hélène</i>	DATE <i>79-6-13</i>
2		<i>14/22</i>	
3			
4			

SUBJECT - SUJET

*Follow up to note dated 79-5-24.*
☐ Comments  
Commentaires

☐ Prepare Reply  
Réponse à rédiger

☐ Make File(s)  
Dossier(s) à ouvrir

☐ Perusal - No action required  
Pour information - aucune suite requise

☐ Prepare Brief  
Exposé à préparer

☐ Return with Current File  
Retourner avec le dossier courant

☐ Examination and Action  
Pour examen et suite

☐ See Sender  
Voir l'expéditeur

☐ Check Records  
Vérifier les archives

REMARKS - COMMENTAIRES

REPLY - RÉPONSE

*Further to my note to file dated 79-5-24 concerning "Medical expense incurred by Mr. Cadieux, I should rec'd these bills & payment receipt. fr Danielle along with self-explanatory letters written to diff docs & labs by Mr. Cadieux's secretary with External Affairs. Doreen Robert, dated 79-5-18.*

*According to these letters, the problem wouldn't be that OHIP or GSMP doesn't want to pay (see letters).*

*Called Doreen & she said everything had been taken care of except they don't know his eff date of coverage for OHIP.*

*I confirmed the date to her & she seemed quite pleased. She mentioned that as soon as this is all cleared, she would let us know for our notation on his file.*

*Danielle informed of the above & file B'd for 79-7-23 to follow up.*

*Called Doreen 79-7-26 & Doreen said others shld follow soon. She will let us know when all rec'd.*

*3-7992*

A-5 (4/77) 7530-21-029-4767

ROYAL CANADIAN  
MOUNTED POLICEGENDARMERIE ROYALE  
DU CANADATRANSIT  
SLIPFICHE  
DE SERVICE

PA

Initial - Initiales

Date

*79-6001299*



Government  
of Canada

Gouvernement  
du Canada

MEMORANDUM

NOTE DE SERVICE

TO  
A

Executive Officer

FROM  
DE

Officer i/c Public Service Personnel  
Branch

SUBJECT Mr. Marcel Cadieux -  
OBJET Special Advisor

SECURITY - CLASSIFICATION - DE SÉCURITÉ

OUR FILE/NOTRE RÉFÉRENCE

PS 12246

YOUR FILE/VOTRE RÉFÉRENCE

DATE

June 12, 1979

ENTER

JUN 14 1979

ADMIN. RECORDS

This will refer to your memorandum of 79/05/31.

Central Pay Division was advised on 79/06/04 to adjust Mr. Cadieux's salary to the new revised rate with effect from 79/04/01. This should be reflected on his salary cheque in the near future with a separate cheque being issued to cover the retro-active period.

Michel Seguin

To — A <i>Jack</i>		File No. — Dossier N°
De <i>Hélène</i>		Date <i>79-6-11</i>
<input type="checkbox"/> Please call Prière d'appeler	Tel. No. — N° de tél. <b>REMOVED</b> <i>131</i>	Ext. — Poste
<input type="checkbox"/> Returned your call Vous a rappelé	<input type="checkbox"/> Will call again Vous rappellera	<input type="checkbox"/> Wants to see you Désire vous voir
Date	Time — Heure <b>JUN 14 1979</b>	Message received by Message reçu par
<input type="checkbox"/> Action Donner suite	<input type="checkbox"/> Approval Approbation	<input type="checkbox"/> Note & return Noter et retourner
<input type="checkbox"/> Comments Commentaires	<input type="checkbox"/> Draft reply Projet de réponse	<input type="checkbox"/> Note & forward Noter et faire suivre
<input type="checkbox"/> As requested Comme demandé	<input type="checkbox"/> Signature	<input type="checkbox"/> Note & file Noter et classer

ADMIN. RECORDS

*As we previously discussed atld is self-explanatory letter for R.M. Periston was actioned last week I guess this is for info*

001301

**PERSONNEL - PAY  
INPUT FORM**

ADMIN. CONTROL FIELDS ZONES DE CONTROLE ADMIN.	1. <input checked="" type="checkbox"/> NEW-NOUVEAU <input type="checkbox"/> CORRECTION	2. PREVIOUS FORM NUMBER NUMÉRO PREC. DE FORMULAIRE SEQ. SEQ. DATE OF ISSUANCE DATE D'ÉMISSION	3. <input checked="" type="checkbox"/> INDIVIDUAL RECORD REGISTRE INDIVIDUEL <input type="checkbox"/> ATTACHED - CI-ANNEXÉ 251778	4. PSC 1308 1. ATTACH - CI-ANNEXÉ 2. TO FOLLOW - À SUIVRE 3. NOT APPL. - SANS OBJET	5. DEPARTMENT - MINISTÈRE RCMP "ADMINISTRATIVE'S OFFICE"	6. BRANCH - DIRECTION	7. PAGE 1 OF 1
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**LINE 2 - LIGNE 2**

[illegible]

LINE 3 - LIGNE 3

[illegible]

LINE 4 - LIGNE 4

[illegible]

LINE 5 - LIGNE 5

[illegible][illegible]

	ACTION O INTERV. DE PAVE	M D	N EUT OL VEES, RET FAJUST.	DD JJ	MM	YY-AA	PAN	EN VIGUEUR DU JUSQU'AU	DD JJ	MM	YY-AA	PAN	B S E	RATE/LAMOUNT TAUX/MONTANT	H D J W S	DAYS WEEKS NOMBRE HEURES JOURS SEM.	PARTICULARS DETAILS	ACCTS. CODING/CONTRACT NO./STATUS CHANGE/OTHER CODES COMPTES/N° CONTRAT/MODIFICATION DE SITUATION/AUTRE	
60	6162		63				64						6586		6768		69		7071

187	001
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JUL 7 1964  
 ADMIN.  
 JUL 7 1964  
 JUL 7 1964

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[illegible]

DEK. 7. 11.

ED 17-04-24 HTT.O.	DEMANDE DE PAIEMENT AUX TERMES DE L'ARTICLE 26 DE LA LOI SUR L'ADMINISTRATION FINANCIERE. CERTIFIE CONFORMEMENT AU PARAGRAPHE 711) DU REGLEMENT SUR LE CONTROLE DES COMPTES ET LA DEMANDE DE PAIEMENT.
	DEMANDE DE PAIEMENT CONDUNU JUSQU'A VAINS CONTRAIRE AUX TERMES DE L'ARTICLE 26 DE LA LOI SUR L'ADMINISTRATION FINANCIERE. CERTIFIE CONFORMEMENT AU PARAGAPHE 711) DU REGLEMENT SUR LE CONTROLE DES COMPTES ET LA DEMANDE DE PAIEMENT.
<i>A.</i>	<i>RCHP</i>
COPIE	2-2670 108679
S. J. J. J.	CERTIFIED PURSUANT TO SECTION 27 OF THE FINANCIAL ADMINISTRATION ACT. CERTIFIE EN VERTU DE L'ARTICLE 27 DE LA LOI SUR L'ADMINISTRATION FINANCIERE.

ORDER IN-CONCISE P.C. 79-1270  
DATED 79-04-24 ATT'D.

DEMANDE DE PAIEMENT AUX TERMES DE L'ARTICLE 28 DE LA LOI SUR LE REGLEMENT DES FINANCES DU GOUVERNEMENT DU CANADA (PARAGRAPHE 71(1) DU REGLEMENT SUR LE CONTROLE DES COMPTES ET LA DEMANDE DE PAIEMENT.

THE PAYMENT CONTING UPON A BANK CHECK OR OTHER INSTRUMENT FOR CONTINUOUS PAYMENT UNTIL ADVISED OTHERWISE. THE PAYMENT SHALL BE MADE TO THE ORDER OF THE OFFICE IDENTIFIED IN ACCORDANCE WITH SUBSECTION 711) OF THE REGISTRATION AND PAYMENT REGULATION.

LA DÉMARCHÉ DE PAIEMENT DOIT ÊTRE RÉGÉE PAR UN CHÉQUE BANCAIRE OU AUTRE INSTRUMENT PERMETTANT UN PAIEMENT CONTINUÉ JUSQU'À CE QU'IL SOIT AVISÉ AUTrement. LE PAIEMENT DOIT ÊTRE FAIT À L'ORDRE DE L'OFFICE IDENTIFIÉ EN VERTU DE LA SUBSECTION 711) DE LA RÉGLEMENTATION DE LA RÉGISTRATION ET DU PAIEMENT.

1	ISSUING OFFICE AND TELEPHONE BUREAU ÉMISSION ET TÉLÉPHONE	
	DB-JJ	MM YYAA
CERTIFIED PURSUANT TO SECTION 22 OF THE FINANCIAL ADMINISTRATION ACT. CERTIFIÉ EN VERTU DE L'ARTICLE 22 DE LA LOI SUR L'ADMINISTRATION FINANCIÈRE.		

**8) - 7540-21-868-3011**

DEPARTMENTAL USE

1

1

[illegible]

1



FROM  
DE

Compensation & Benefits Section  
P.S.P.B. Melene Tittley

File No. (originator) — Dossier no (source)

CONFIDENTIAL

TO  
A

"S" Directorate  
Financial Management Branch  
Attn: Mr. Brian Lynch

File No. (addressee) — Dossier no (destinataire)

Subject - Objet

REE: Mr. Marcel Cadieux X 0017  
DM-3 - Commissioner's Office

— Further to your request, please be advised that the  
above-mentioned employee's salary has been increased 79-04-01  
to \$72,900.00 per annum.

REVIEWER... 31

JUN 14 1979

ADMIN. RECORDS

Signature

*Melene Tittley*

Date 79-06-04

Reply - Réponse

79-05-31

Hélène,

Je t'envoie copie des factures et des lettres qui devront être remboursées ainsi qu'une copie de la lettre du Premier Ministre en rapport au processus annuel de révision pour M. Marcel Cadieux.

Je te remercie.

Danielle Tourangeau  
3-2605

*\* given to Jacob 79-6-11*

REVIEWED...

JUN 14

ADMIN. RE



001304

Mr. M. Cadieux  
2047 Chalmers Road  
OTTAWA, Ontario.  
K1H 6K4.

May 18, 1979.

Dear Sirs,

In December 1978/1979 Mr. Marcel Cadieux had tests done at your office. Since he had not received his OHIP number, having just returned from abroad, he paid for the services.

We submitted the bill to OHIP in February of this year for payment, when he was finally issued a number. The bill was returned by OHIP with the request that the doctors form be submitted since office bills are not accepted by OHIP.

I should be grateful, therefore, if you could process this account and arrange to reimburse Mr. Cadieux upon receipt of payment from OHIP. I attach a copy of the account in question. If you require any further information, please call me at 593-7891. Mr. Cadieux's OHIP number is 532-53456.

Yours sincerely,

Doreen Roberts

Radiology Consultants (Ottawa),  
381 Kent Street,  
OTTAWA K2P 2A8

~~3-7995~~  
6-3488

OTTAWA, May 18, 1979.

Dear Dr. Kindl,

With reference to my earlier letter and the enclosed bills, I have now confirmed that these charges will still be paid by OHIP and I should be grateful, therefore, if you would send in the necessary form to request reimbursement for the attached account.

Unfortunately, your letter returning the original bills to me has not been received, but I trust the attached copy will be sufficient for your purposes.

Yours sincerely

Doreen Roberts

Dr. Alfons Kindl,  
Kent Professional Bldg.,  
Suite 205,  
381 Kent Street,  
OTTAWA, Ontario.  
K2P 2A8

2047 Chalmers Road,  
OTTAWA, Ontario K1H 6K4.

May 18, 1979.

Dear Sirs,

In October 1978, Mr. Marcel Cadieux had tests done at your laboratory. Since he had not received his OHIP number, having just returned from abroad, he paid for the services.

We submitted the bill to OHIP in February of this year for payment, when he finally was issued a number. The bill was returned by OHIP with the request that the doctors form be submitted since office bills are not accepted by OHIP.

I should be grateful, therefore, if you could process this account and arrange to reimburse Mr. Cadieux upon receipt of payment from OHIP. I attach a copy of the account in question. If you require any further information, please call me at 993-7891. Mr. Cadieux's OHIP number is 532-53456.

Yours sincerely,

Doreen Roberts

Douglass Laboratory Services Ltd.,  
Clinical & Research Laboratories,  
194 Main Street,  
OTTAWA. K1S 1C2.

OTTAWA, May 1, 1979.

Dear Dr. Kindl,

During the period October 1978 - April 1979, Mr. Marcel Cadieux had not been informed of his assigned OHIP number. In the circumstances, Mr. Cadieux paid the enclosed bills and submitted them to GSMIP for reimbursement. GSMIP rejected the claim as they are considered OHIP charges.

We re-submitted the receipts, this time to OHIP and have now received the enclosed notice. We should be grateful if you could complete an official medical claim card and submit it to OHIP for payment, or advise us how we should proceed.

Yours sincerely,

Doreen M. Roberts

Dr. Alfons Kindl, M.D.,  
Kent Professional Building,  
381 Kent St., Suite 205,  
OTTAWA, Ontario.  
K2P 2A8.



Public St. Surgical-Medical Branch  
Régime d'assurance chirurgicale-médicale de la Fonction publique

G.D.	Cert.	Name/Nom	Re/Objet :
	18/11/82	Cardiac	#1

PLEASE TAKE NOTE OF THE ITEM(S)  
CHECKED BELOW.

S.V.P. PRENDRE NOTE DES OBSERVATIONS  
MARQUÉES D'UN «X» CI-DESSOUS.

1. ☐ The NAME of the drug store from which drugs were purchased should be shown under the appropriate column on the "Summary of Expenses and Benefits Payable".
2. ☐ Dr. \_\_\_\_\_ account has been considered on the basis that his fee is for the cost of medication injected. In future, please have the doctor provide the name, strength, and quantity of the medication and confirm if his fee is solely for the cost of medication.
3. ☐ No consideration has been given the fee(s) claimed as balances remaining after the Provincial Medicare payment. Such charges cannot be insured by this plan.
4. ☐ The account(s) from DOUGLAS LAB. has/have not been considered as we understand such services are payable under your Provincial Medicare Plan. The account(s) should be submitted to that office.
5. ☐ The account of \_\_\_\_\_ in the amount of \_\_\_\_\_ for services rendered on \_\_\_\_\_ has been previously submitted to this office and,
- ☐ (a) Applied to the deductible under the Major Medical Expense Benefit.
- ☐ (b) Considered in our settlement dated \_\_\_\_\_
- ☐ Sur le «Relevé de frais et d'indemnités payables» veuillez indiquer dans la colonne appropriée le NOM de la pharmacie qui a exécuté les ordonnances.
- ☐ Nous avons accepté la note du docteur \_\_\_\_\_ en présumant qu'elle n'avait trait qu'au médicament injecté. À l'avenir, veuillez demander au médecin d'indiquer le nom commun reconnu, le titre et la dose de chaque médicament, et de confirmer que les frais représentent le coût des médicaments seulement.
- ☐ Aucune indemnité n'est payable à l'égard du solde du compte qu'a réglé la Régie provinciale de l'assurance médicale. Ce solde ne peut pas être couvert en vertu du présent régime.
- ☐ Nous n'avons pas pris en considération les frais de \_\_\_\_\_, car nous croyons savoir qu'ils sont couverts par votre régime provincial d'assurance médicale. C'est à la Régie de cette assurance que vous devez adresser votre demande.
- ☐ Le compte de \_\_\_\_\_ au montant de \_\_\_\_\_ pour les services rendus le \_\_\_\_\_ a déjà été pris en considération et
- ☐ (a) a été affecté à la franchise annuelle relative à l'assurance de frais médicaux majeurs.
- ☐ (b) a été réglé par notre chèque du \_\_\_\_\_

Châteaux

C68754

AJ Kindl

REFERRING  
PHYSICIAN'S  
NUMBER

PATIENT'S FIRST NAME (PRINT)

Incepl

PATIENT'S BIRTH DATE

DAY

MONTH

YEAR

17

05

15

PATIENT'S SEX

M

PATIENT'S RELATIONSHIP TO SUBSCRIBER

SELF

SPOUSE

CHILD

LAB. ACCT'G. NO.

C68754

SUBSCRIBER'S ADDRESS

SERVICE DATE DAY MONTH YEAR	PROCEDURES-USE EXACT WORDING OF SCHEDULE OF FEES	FEE SCHEDULE CODE	FEE SUBMITTED
10-10-78	Processing Fee		2.43
	Glucose		2.43
	Urinalysis		2.34
	Urine C&S		2.34

Douglass Laboratory Services Ltd.

CLINICAL &amp; RESEARCH LABORATORIES

194 MAIN STREET  
OTTAWA, ONTARIO  
K1S 1G2

NOV 6 1978

TEL. 237-8110

PLEASE SIGN THIS TO BE A TRUE STATEMENT OF SERVICES PERFORMED, OR SUPERVISED, BY ME

10-10-78

TOTAL

PLEASE PAY

1

X

LABORATORY

2

SUBSCRIBER

PATIENT'S NAME Barcel CadieuxADDRESS 2047 Chalmers Rd.PHONE NUMBER Ottawa, Ontario. (995-2605)

1	2	3	4	5
2.43	2.84	2.34		
6	7	8	9	TOTAL
	2.43			10.5

10J 255

RADIOLOGY CONSULTANTS (OTTAWA)  
381 KENT STREET  
OTTAWA - K2P 2A8

DATE

Jan 11 - 79

Document disclosed under the Access to Information Act -  
Document divulgué en vertu de la Loi sur l'accès à l'information  
DR. J.A. LIVER  
DR. D.G. GRAY  
DR. G.G. COPESTAKE

RECEIVED FROM  
RECU DE

M. Harold Cardman

\$ 22.27

TOTAL SUM OF  
LA SOMME DE

FOR PROFESSIONAL SERVICES  
POUR SERVICES PROFESSIONNELS

CODR

DATE

SIGNED  
SIGNÉ

M. R. G. Ly

Re: X-Ray Chest  
9 1st Shoulder

need refund.

1985/1986 年度 6 月 1 日 截止

$$(\frac{1}{\sqrt{2}})^{\frac{1}{2}} (\frac{1}{\sqrt{2}})^{\frac{1}{2}} \left( \frac{1}{\sqrt{2}} \right)_{\frac{1}{2}} \left( \frac{1}{\sqrt{2}} \right)_{\frac{1}{2}}$$

2047 Chalmers Road  
Ottawa, Ontario K1H 6K4

PAID

Vol. 100

001312

To - À

File No. - Dossier N°

Date

From - De

☐ Please call  
Prière d'appeler

Tel. No. - N° de tél.

Ext. - Poste

☐ Returned your call  
Vous a rappelé☐ Will call again  
Vous appellera☐ Wants to see you  
Désire vous voir

Date

Time - Heure

Message received by  
Message reçu par☐ Action  
Donner suite☐ Approval  
Approbation☐ Note & return  
Noter & retourner☐ Comments  
Commentaires☐ Draft reply  
Projet de réponse☐ Note & forward  
Noter et faire suivre☐ As requested  
Comme demandé☐ Signature☐ Note & file  
Noter et classer

Please note & I will  
 give to Denise for pay action.  
 I don't understand his  
 position title as per 001313.

Bellevue  
Please proceed as to

no June 11/1975  
to you  
you're right. Let's

pay him and B/F - (his  
for our return so that we  
may alert officially  
the Commissioner's office

hla 06-01  
EYE



Government  
of Canada

Gouvernement  
du Canada

MEMORANDUM

NOTE DE SERVICE

TO  
A

TO BE OPENED ONLY BY:

D.O.P.

FROM  
DE

EXECUTIVE OFFICER

SECURITY - CLASSIFICATION - DE SÉCURITÉ
CONFIDENTIAL
OUR FILE/NOTRE RÉFÉRENCE
YOUR FILE/VOTRE RÉFÉRENCE
DATE 79-05-31

JUN 14 1979

SUBJECT  
OBJET

MIN. RECORDS

MR. MARCEL CADIEUX - SPECIAL ADVISOR

Attached is a copy of Order-in-Council P.C. 1979-1270 dated 79-04-24 approving a salary increase for Mr. Cadieux to \$72,900 per annum, effective 79-04-01. Would you please take the necessary action to adjust his pay.

Mr. Cadieux was informed of his pay increase and has been given a copy of the attached Order-in-Council.

*W. Schramm*  
W. Schramm, Supt.,  
Executive Officer.

Att.

*O'K PSP/B.*  
*For your attention*  
*WPS*  
*79/05/31*

*Celine/Celine*  
*Please action salary*  
*increase and return to*  
*me, please.*  
*File 79-6-4.*

*Actioned*  
*BFD*  
*79-6-29.*

*WPS*  
*79-05-31*

EXTRACT/EXTRAIT

Schedule

The annual salary of Marcel Cadieux,  
Special Negotiator, Maritime-Boundary and Resource  
Negotiations, shall be \$72,900, effective April 1, 1979.



EXTRACT/EXTRAIT

PRIVY COUNCIL • CONSEIL PRIVÉ

HIS EXCELLENCY THE GOVERNOR GENERAL IN COUNCIL, on the recommendation of the Prime Minister, is pleased hereby to fix the salary of Marcel Cadieux, Special Negotiator, Maritime - Boundary and Resource Negotiations, at the rate set out in the Schedule hereto, which salary is within the range DM3 (\$62,900-\$78,300), effective April 1, 1979.

CERTIFIED TO BE A TRUE COPY - COPIE CERTIFIÉE CONFORME

*P. H. Pettit*

● HANDWRITE - ÉCRIRE À LA MAIN

Document divulgué en vertu de la Loi sur l'accès à l'information  
PS 12246

1	TO - À M. Cadieux	FROM - DE 14/22HT	DATE 79-05-24
2			
3			
4			

SUBJECT - SUJET

Medical Expense - Query

REVIEWER.....

☐ Comments  
Commentaires

☐ Prepare Reply  
Réponse à rédiger

☐ Make File(s)  
Dossier(s) à ouvrir

☐ Perusal - No action required  
Pour information - aucune suite requise

☐ Prepare Brief  
Exposé à préparer

☐ Return with Current File  
Retourner avec le dossier courant

☐ Examination and Action  
Pour examen et suite

☐ See Sender  
Voir l'expéditeur

☒ Check Records  
Vérifier les archives

MAY 31 1979

ADMIN. RECORDS

## REMARKS - COMMENTAIRES

## REPLY - RÉPONSE

Rec'd call fr. Danielle Tourangeau on behalf of M. Cadieux. They have written to GSMIP & OHIP ree claim for expenses incurred by Cadieux in Sept., Oct. & Nov. (doc. Sapt. etc.) amt approx. 40.00 & GSMIP say it's OHIP responsibility & they, in turn, won't honor same say it's Outside Canada (GSMIP).

According to file:

OHIP coverage 1/10/78 for July'1 ded. NO

Outside Canada ceased 1/10/78 LAPSE

Coverage

Therefore Sept's expense shld go to Mutual Life (GSMIP outside) & Oct. & Nov. to OHIP.

However, OHIP premiums never collected by CPD for July & Aug. as requested, just fr Sept. & therefore, their records as well as Cadieux's Ident. card reads coverage 1/12/78.

Called Jeff 79-5-24 & he will call me back this PM once he relocates 2517T commencing same.

Called Jeff back 79-05-30 & he agrees. He will collect 2 premiums @ 21.12 in June 1979.

Called Danielle & she will send me the necessary bills for our processing through proper insurance's plan. She also mentioned they have now rec'd authorization letter fr

Prime Minister & Potfield for salary revision eff. 79-04-01. She will send a copy to O i/c PSPB.

*Ded amt of \$42.24 under & recovered from June salary.*

A-5 (4/77) 7530-21-029-4767

ROYAL CANADIAN  
MOUNTED POLICEGENDARMERIE ROYALE  
DU CANADATRANSIT  
SLIPFICHE  
DE SERVICE

PA

Initials

Date

79-5-31  
001318

● HANDWRITE — ÉCRIRE À LA MAIN

Classé Document divulgué en vertu de la Loi sur l'accès à l'information

PS 12246

1	TO — À M. Cadieux	FROM — DE 14/22HT	DATE 79/5/24
2			
3			
4			

SUBJECT — SUJET

Our letters to Ext. dated 79-3-7 &amp; 79-1-4

☐ Comments  
Commentaires

☐ Prepare Reply  
Réponse à rédiger

☐ Make File(s)  
Dossier(s) à ouvrir

☐ Perusal — No action required  
Pour information — aucune suite requise

☐ Prepare Brief  
Exposé à préparer

MAY 31 1979

☐ Return with Current File  
Retourner avec le dossier courant

☐ Examination and Action  
Pour examen et suite

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Vérifier les archives

ADMIN. RECORDS

REMARKS — COMMENTAIRES

REPLY — RÉPONSE

Called Jean Heinz ree above.

We have not rec'd docs requested, futhermore, no reply.

She said she has been in contact with their Registry requesting same & they have been putting her off all the time. She gave me their phone number & name of a supervisor Mrs. Hamelin @ 6-6396.

Spoke to the later & she said they haven't rec'd all files on M. Cadieux & they cannot ship partial file.

She also doesn't know when to expect them all. Left my name & phone # with her & shld we still not have same within 1 mos., I will call her back.

Bfd 79-6-29.

A-5 (4/77) 7530-21-029-4767

ROYAL CANADIAN  
MOUNTED POLICEGENDARMERIE ROYALE  
DU CANADATRANSIT  
SLIPFICHE  
DE SERVICE

PA

Initial - Initiales

Date

79-001319

1



PRIME MINISTER · PREMIER MINISTRE

PERSONNEL ET  
CONFIDENTIEL

REVIEWER 131

OTTAWA, K1A 0A2

JUN 14 1979

le 7 mai 1979

ADMIN. RECORDS

Monsieur,

Comme vous le savez sans doute, le processus annuel de révision du traitement des titulaires de postes pourvus par le Gouverneur en conseil vient tout juste de se terminer. Je profite donc de l'occasion pour vous remercier, en mon nom et au nom du Gouvernement, de l'excellent travail que vous avez accompli durant cette période.

Vous vous souvenez sûrement que lorsque le président du Conseil du Trésor a annoncé la réaction du Gouvernement aux recommandations du Groupe consultatif de la rémunération du personnel de direction, il a souligné que, compte tenu de la conjoncture actuelle, il était nécessaire de maintenir les restrictions en ce qui a trait à la rémunération dans la Fonction publique. Le Gouvernement a donc décidé qu'il fallait

...2

M. Marcel Cadioux  
Négociateur des Frontières  
Maritimes non délimitées  
Immeuble Lester B. Pearson  
Ottawa (Ontario)

PERSONNEL ET  
CONFIDENTIEL

continuer à limiter les augmentations versées en reconnaissance du rendement et que la croissance de la liste de paye, résultant des augmentations accordées au personnel de direction pour l'année qui vient, ne devrait pas dépasser sept pour cent.

Compte tenu de ces facteurs, nous avons décidé d'augmenter votre traitement à compter du 1<sup>er</sup> avril 1979, conformément au décret ci-joint.

Je vous remercie à nouveau de votre collaboration au cours de la dernière année.

Je vous prie, Monsieur, de croire à mes  
meilleurs sentiments.

P. j.

Hand



EXTRACT/EXTRAIT

PRIVY COUNCIL • CONSEIL PRIVÉ

Sur avis conforme du Premier ministre,  
il plaît à SON EXCELLENCE LE GOUVERNEUR GENERAL EN  
CONSEIL de fixer, à compter du 1<sup>er</sup> avril 1979, le  
traitement de Marcel Cadieux, Négociateur des  
frontières Maritimes non délimitées, au taux  
établi dans l'annexe ci-après, traitement qui se  
situe au niveau de DM3 (\$62,900-\$78,300).

CERTIFIED TO BE A TRUE COPY - COPIE CERTIFIÉE CONFORME

CLERK OF THE PRIVY COUNCIL - LE GREFFIER DU CONSEIL PRIVÉ

001322

EXTRACT/EXTRAIT

**Алпехе**

Le traitement annuel de Marcel Cadieux,  
Négociateur des frontières Maritimes non délimitées,  
est de \$72,900, à compter du 1<sup>er</sup> avril 1979.

EMPLOYEE'S TAX DEDUCTION RETURN  
DECLARATION DE L'EMPLOYÉ  
POUR LA DÉDUCTION DE L'IMPÔT

TD1  
Rev. 1979

• Complete and file one copy of this return with your employer

- (a) when you commence employment, or
- (b) within seven days of any change in your exemptions.

• This return need not be filed by employees claiming the "Basic Personal Exemption" only.

• If you do not file this return, as required, income tax will be deducted as though you were a single person without dependants.

• If you believe there are other exemptions that you could claim on your income tax return you may ask your District Taxation Office whether they may be taken into account in arriving at your tax deduction.

• Do not claim a child or other dependant whose net income for the year will exceed \$2,750.

• Net income of your spouse or dependants includes any pension or supplement under the Old Age Security Act or any similar Act of a province, benefits under the Canada or Quebec Pension Plan and the Unemployment Insurance Act, 1971.

• Remettez un exemplaire dûment rempli de la présente déclaration à votre employeur

- a) au début de votre emploi, ou
- b) dans les sept jours suivant tout changement dans vos exemptions.

Les employés qui demandent uniquement «l'Exemption personnelle de base» n'ont pas besoin de produire cette déclaration.

Faute de produire la présente déclaration, ainsi que vous y êtes tenu, l'impôt sur le revenu sera déduit comme si vous étiez célibataire sans personnes à charge.

Si vous croyez avoir droit à d'autres exemptions dans votre déclaration d'impôt sur le revenu, demandez à votre bureau de district d'impôt si vous pouvez en tenir compte en calculant votre déduction de l'impôt. Vous pouvez compter un enfant ou une autre personne à charge dont le revenu net pour l'année dépassera \$2,750.

Le revenu net de votre conjoint ou des personnes à votre charge comprend toute pension ou tout supplément en vertu de la Loi sur la sécurité de la vieillesse ou en vertu de toute loi provinciale semblable, ainsi que les prestations du Régime de pensions du Canada, du Régime de rentes du Québec ou de la Loi de 1971 sur l'assurance-chômage.

FAMILY OR LAST NAME (Print) — NOM DE FAMILLE (en caractères d'imprimerie)	USUAL FIRST NAME AND INITIALS — PRÉNOM USUEL ET INITIALES	SOCIAL INSURANCE NUMBER NUMÉRO D'ASSURANCE SOCIALE
Cadieux	Marcel	4 1 6 9 1 5 6 0 1
PRESENT ADDRESS (Permanent Address) — ADRESSE ACTUELLE (adresse permanente)		DATE OF BIRTH (Day, Month, Year) DATE DE NAISSANCE (jour, mois, année)
2047 Chalmers Road, Ottawa, Ontario. K1H 6K4		17 06 1915
NAME AND ADDRESS OF SPOUSE — NOM ET ADRESSE DE VOTRE CONJOINT		
same as above		

Complete the "Claim for Exemptions" area on the reverse side and enter your "Net Claim".

\$ 6,380.00

Remplissez la section «Exemptions réclamées», au verso, et inscrivez la «Réclamation nette».

Refer to the "Table" below and enter the applicable "Net Claim Code".

Consultez la «Table» ci-dessous et inscrivez le «Code de réclamation nette» approprié.

Table of Net Claim Codes Table des codes de réclamation nette	
Net Claim for 1979 Réclamation nette pour 1979 From — De To — À	Net Claim Code Code de réclamation nette
\$2,650 — \$2,700	1
2,701 — 3,150	2
3,151 — 3,450	3
3,451 — 3,700	4
3,701 — 4,100	5
4,101 — 4,400	6
4,401 — 4,900	7
4,901 — 5,400	8
5,401 — 5,850	9
5,851 — 6,300	10
6,301 — 6,700	11
6,701 — 7,100	12
7,101 — 7,400	13
7,401 and up — et plus	X
Exemption from Tax Deduction as claimed below Exonération de l'impôt réclamée ci-dessous	0

• Your "Net Claim Code" is used by your employer to determine the tax deduction required from your remuneration.

• Votre employeur utilise votre «Code de réclamation nette» pour déterminer l'impôt à déduire de votre rémunération.

Claim for Exemption from Tax Deduction — Valid for current calendar year only.

This area is to be completed by an individual who is receiving remuneration that is subject to tax deduction but who wishes to claim exemption because "Total estimated income from all sources for the year" including taxable benefits and Family Allowance payments, will be less than the "Net Claim" above. No claim may be made here by a person not resident in Canada for the whole year unless your earnings in Canada will be less than your exemptions apportioned to the period of residence in Canada. If you qualify for this exemption, your "Net Claim Code" is "0".

Demande d'exonération de la retenue d'impôt — Valable pour l'année civile en cours seulement.

La présente section doit être remplie par un particulier dont la rémunération est assujettie à la retenue d'impôt et qui désire en être exonéré parce que le «Total des revenus estimatifs de toutes provenances», y compris les avantages imposables et les allocations familiales sera inférieur à la «Réclamation nette» susmentionnée. Si vous ne résidez pas au Canada pendant toute l'année, vous ne pouvez demander cette exonération, à moins que vous n'estimiez que vos gains au Canada seront inférieurs à vos exemptions proportionnées à votre période de résidence au Canada. Si vous avez droit à la présente exonération, votre «Code de réclamation nette» est «0».

Income to date this year from all sources — Revenu de toutes provenances jusqu'ici cette année	— — — — —	\$
Estimated income for remainder of year from all sources — Revenu estimatif de toutes provenances d'ici la fin de l'année	— — — — —	\$
Total estimated income from all sources for the year — Total des revenus estimatifs de toutes provenances pour l'année	— — — — —	\$

Certification

I HEREBY CERTIFY that the information given in this return is true, correct and complete to the best of my knowledge and belief.

Signature

It is a serious offence to make a false return — Quiconque fait une fausse déclaration commet une infraction grave.

Warning: An employer should refer a form TD1 containing doubtful statements to the District Taxation Office. Any person who knowingly accepts a form TD1 containing false or deceptive statements commits a serious offence. Employers must retain completed forms TD1 for inspection by officers of the Department of National Revenue, Taxation.

Attestation

JE CERTIFIÉ que les renseignements donnés dans la présente déclaration sont vrais, exacts et complets pour autant que je sache.

Date

Avertissement: L'employeur doit soumettre toute formule TD1 renfermant des déclarations douteuses au bureau de district d'impôt. Quiconque accepte sciemment une formule TD1 renfermant des déclarations fausses ou trompeuses commet une infraction grave. Les employeurs doivent conserver les formules TD1, une fois qu'elles ont été remplies, aux fins d'inspection par les fonctionnaires du ministère du Revenu national, Impôt.

**Claim for Exemptions—Exemptions réclamées**  
**Basic Personal Exemption—Exemption personnelle de base**  
**Age Exemptions—Exemptions en raison d'âge**

► \$ 2,650

If you are 65 years of age or over—*Si vous êtes âgé de 65 ans ou plus*  
If your spouse is 65 years of age or over and will not fully use the age exemption you may claim the amount not used (maximum \$1,660)—*Si votre conjoint a 65 ans ou plus et s'il n'utilisera pas le plein montant de l'exemption en raison d'âge, vous pouvez déduire la fraction inutilisée, jusqu'à concurrence de \$1,660.*

Claim—Réclamez \$1,660

► \$  
► \$

**Disability Exemptions—Exemptions pour invalidité**

For persons totally blind at any time in the year, and persons confined throughout any 12 month period ending in the year for a substantial period each day to a bed or wheelchair—*Pour les personnes complètement aveugles à une date quelconque de l'année et pour celles qui doivent garder le lit ou demeurer dans un fauteuil roulant pendant de longues périodes chaque jour au cours de toute période de 12 mois se terminant dans l'année.*

For yourself—*Pour vous-même*

If your spouse, child, grandchild or supported individual (see item A below) will not fully use their disability exemption, you may claim the amount not used (maximum \$1,660)—*Si votre conjoint, enfant, petit-enfant ou la personne à votre charge (voir A ci-après) n'utilise pas toute l'exemption pour invalidité à laquelle elle a droit, vous pouvez déduire la fraction inutilisée, jusqu'à concurrence de \$1,660.*

Claim—Réclamez \$1,660

► \$  
► \$

**Married or Equivalent Exemption—Exemption de marié(e) ou l'équivalent**

If applicable, check ☒ and claim **only one** of the 4 items—*S'il y a lieu, cochez ☒ et réclamez un seul des 4 articles ci-après.*  
If your spouse's net income, while married, will exceed \$2,750 in the year, you may not claim this exemption.  
*Si le revenu net de votre conjoint, pendant le mariage, doit dépasser \$2,750 dans l'année, vous ne pouvez pas réclamer cette exemption.*

**Married and supporting spouse—Marié(e) et soutien d'un conjoint**

- ☒ 1. whose net income for the year, while married, will not be over \$430  
*dont le revenu net pour l'année, pendant le mariage, ne dépassera pas \$430*  
☐ 2. whose net income for the year, while married, will be over \$430 but not over \$2,750  
*dont le revenu net pour l'année, pendant le mariage, dépassera \$430 sans dépasser \$2,750*

Claim \$2,320  
Réclamez \$2,320

\$2,750

Less: spouse's net income—*Moins le revenu net du conjoint*

\$

\$ 2,320.

Claim—Réclamez

\$

**Single, divorced, separated or widow(er)—Célibataire, divorcé(e), séparé(e) ou veuf(veuve)**

(See information in item A below)  
If the dependant's net income for the year—*Si le revenu net de la personne à charge, pour l'année,*  
(*Voir les indications de l'alinéa A ci-après*)

- ☐ 3. will not be over \$430, provide details\* and claim \$2,320  
*ne doit pas excéder \$430, fournissez des précisions\* et réclamez \$2,320*  
☐ 4. will be over \$430, but not over \$2,750  
*doit excéder \$430, sans excéder \$2,750*

\$2,750

Less: dependant's net income—*Moins le revenu net de la personne à charge*

\$

Provide details\* and claim—*Fournissez des précisions\* et réclamez*

\$

\*Dependant's name

*Nom de la personne à charge*

\*Relationship to you

*Parenté avec vous*

**Exemption for Wholly Dependent Children—Exemption pour enfants entièrement à charge**

See information in item B below. Provide details and claim according to the child's age and estimated net income.

**Under age 17 at end of the year**—If net income will not be over \$1,750, claim \$500. If net income will be over \$1,750 but not over \$2,750, claim \$500 minus one-half the amount by which income exceeds \$1,750.

**Age 17 or over at end of the year**—If net income will not be over \$1,840, claim \$910. If net income will be over \$1,840 but not over \$2,750, claim \$910 minus the amount by which income exceeds \$1,840.

*Voir les indications de l'alinéa B ci-après. Fournissez des précisions et faites la réclamation suivant l'âge et le revenu net estimatif de l'enfant.*  
**Moins de 17 ans à la fin de l'année**—*Si le revenu net ne doit pas excéder \$1,750, réclamez \$500. Si le revenu net doit excéder \$1,750 sans excéder \$2,750, réclamez \$500 moins la moitié du montant en sus de \$1,750.*  
**Âgé de 17 ans ou plus à la fin de l'année**—*Si le revenu net ne doit pas excéder \$1,840, réclamez \$910. Si le revenu net doit excéder \$1,840 sans excéder \$2,750, réclamez \$910, moins le montant supérieur à \$1,840.*

Name of child (Attach list if space is insufficient) <i>(Nom de l'enfant (Annexez une liste si l'espace est insuffisant))</i>	Relationship to you— <i>Parenté avec vous</i>	Estimated annual net income— <i>Revenu annuel net estimatif</i>	Date of birth <i>Date de naissance</i> Day Month Year Jour Mois Année	If over 21, state school attended or whether infirm— <i>Si elle a plus de 21 ans, indiquez l'école fréquentée ou dites si elle est infirme.</i>
François	fils	-	2 08 57	
René	fils	-	5 09 61	

► \$ 910.00

► \$ 500.00

**Exemption for Other Dependents—Exemption pour autres personnes à charge**

- (a) Parents, Grandparents, Brothers or Sisters (including in-laws)—*Père, mère, grands-parents, frères ou sœurs (et ceux du conjoint)*  
(b) Aunts or Uncles Resident in Canada (including in-laws)—*Tantes et oncles résidant au Canada (et ceux du conjoint)*

See information in item C below. Provide details and claim estimated amount to be spent in support of each dependant.

*Voir les indications de l'alinéa C ci-après. Fournissez des précisions et réclamez le montant estimatif que vous dépenserez pour l'entretien de chaque personne à charge.*

Name and address of dependant <i>(Nom et adresse de la personne à charge (Annexez une liste si l'espace est insuffisant))</i>	Dependant's — <i>Personne à charge</i>			Estimated amount you will spend in support of dependant — <i>Montant estimatif que vous dépenserez pour l'entretien de la personne à charge</i>	If over 21, state school attended or whether infirm — <i>Si elle a plus de 21 ans, indiquez l'école fréquentée ou dites si elle est infirme.</i>
	Relationship to you — <i>Parenté avec vous</i>	Net income in year — <i>Revenu net dans l'année</i>	Year of birth — <i>Année de naissance</i>		

► \$  
► \$

**Student Exemptions—Exemptions pour les étudiants**

1. Claim \$50 for each month in the year you will be a student in full-time attendance at a university or college or an institution offering job retraining courses. Attendance at a secondary school does not qualify.  
*Réclamez \$50 pour chaque mois de l'année où vous fréquenterez à plein temps une université, un collège ou un établissement dispensant des cours de formation professionnelle. La fréquentation d'une école secondaire est exclue.*
2. Claim the amount by which your tuition fees exceed the total amount (less \$500) of all scholarships, fellowships or bursaries which you will receive during the calendar year.—*Réclamez la fraction de vos frais de scolarité qui dépasse le montant global (moins \$500) de toutes les bourses d'études, de perfectionnement (fellowships) ou d'entretien que vous recevrez au cours de l'année civile.*

► \$  
► \$  
► \$

**Total—Total**

**Deduct: Amount of Taxable Family Allowance Payments** (To be received in year for children claimed above.)

**Déduire: le montant des versements imposables d'allocations familiales** (À recevoir au cours de l'année pour les enfants nommés ci-dessus.)

► \$

**Net Claim—**(This amount will not be less than \$2,650. Enter the amount of the Net Claim on reverse side.)

**Réclamation nette—**(Cette somme ne sera pas inférieure à \$2,650. Inscrivez le montant de la réclamation nette au verso.)

► \$ 6,380.00

- A— Exemption may be claimed for a relative (a) wholly dependent on you or on you and one or more other persons and (b) living in a dwelling (in which you reside) maintained by you or by you and such other persons of whom the dependant is also a relative. (You may claim **only** if it has been agreed that no other person will claim for the same dependant or in respect of the same dwelling.)
- B— Exemption may be claimed for a wholly dependent son, daughter, grandchild, niece or nephew under age 21 or any age if in full-time attendance at a school or university or infirm. A niece or nephew may be claimed only if (a) you have complete custody and control of the child, or (b) the child resides in your home and also the mother is a widow or is separated or divorced and does not receive alimony or similar allowance for the child's maintenance, or the father is mentally or physically infirm. No claim may be made here for a child claimed in item 3. or 4.
- C— The amount claimed must not exceed the maximum described in the "Exemption for Wholly Dependent Children" area. If any other person contributes to the support of the dependant, the combined amount claimed by you and such other person must not exceed the allowable maximum. No claim may be made here for a dependant over age 21 who is not mentally or physically infirm (except a brother or sister in full-time attendance at a school or university) or a dependant claimed in item 3. or 4.

- A— Une exemption peut être réclamée pour un parent a) entièrement soutenu par vous ou par vous et une ou plusieurs autres personnes et b) vivant dans un logement (dans lequel vous demeurez) tenu par vous et ces autres personnes apparentées aussi à la personne à charge. (Vous ne pouvez faire de réclamation **que** si a) été entendu que personne d'autre n'en fera à l'égard de la même personne à charge ou à l'égard du même logement.)
- B— Une exemption peut être réclamée pour un fils, une fille, un petit-fils, une petite-fille, une nièce ou un neveu entièrement à charge et âgé de moins de 21 ans ou tout âge, si un tel enfant à charge fréquente à plein temps l'école ou l'université, ou est infirme. Vous ne pouvez compter une nièce ou un neveu comme personne à charge que si a) vous avez la garde et la responsabilité entière de l'enfant, ou b) l'enfant demeure au Canada et sa mère est veuve, séparée ou divorcée et ne touche aucune pension alimentaire ou autre allocation payable pour l'entretien de l'enfant, ou le père est atteint d'infirmité physique ou mentale. Aucune réclamation ne peut être faite ici à l'égard d'un enfant compté au n° 3 ou 4.
- C— Le montant réclamé ne doit pas dépasser le maximum qu'indique la rubrique «Exemption pour enfants entièrement à charge». Si quelqu'un d'autre contribue à l'entretien de la personne à charge, le montant global réclamé par vous et cet autre ne doit pas dépasser le maximum admissible. Aucune réclamation ne doit être faite ici à l'égard d'une personne à charge âgée de plus de 21 ans qui n'est pas atteinte d'infirmité physique ou mentale (sauf s'il s'agit d'un frère ou d'une sœur qui fréquente à plein temps l'école ou l'université) ou d'une personne à charge comptée au n° 3 ou 4.

001325

● HANDWRITE - ÉCRIRE À LA MAIN

Classified Document divulgué en vertu de la Loi sur l'accès à l'information

1	TO - À	FROM - DE	DATE
2	Note au dossier	Michel Seguin	
3	- Marcel Fadiéant	O/R S. d. P. F. p.	79-04-08
4			

SUBJECT - SUJET

☐ Comments  
Commentaires

☐ Prepare Reply  
Réponse à rédiger

☐ Make File(s)  
Dossier(s) à ouvrir

☐ Perusal - No action required  
Pour information - aucune suite requise

☐ Prepare Brief  
Exposé à préparer

☐ Return with Current File  
Retourner avec le dossier courant

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☐ See Sender  
Voir l'expéditeur

☐ Check Records  
Vérifier les archives

## REMARKS - COMMENTAIRES

Suite à la demande de Marcel Fadiéant au sujet de la révision de son salaire, le Conseil Prime m'avise que les salaires des DM-3 \* 1 sont établis par le Premier Ministre et Monsieur P. Field & Robertson.

M. Fadiéant recevra donc d'ici le 22 mai (c'est à espérer) une lettre du P.M. l'avisant de son nouveau salaire. Un nouveau décret du Gouverneur général en conseil nous sera envoyé afin d'effectuer le changement.

J'ai avisé la secrétaire de M. Fadiéant de ceci le 9 avril 1979.

## REPLY - RÉPONSE

REVIEWER.....

1979

ADMIN. RECORDS

Noted  
J. Gaud  
79-04-10

14/2

A-5 (4/77) 7530-21-029-4767

ROYAL CANADIAN  
MOUNTED POLICEGENDARMERIE ROYALE  
DU CANADATRANSIT  
SLIPFICHE  
DE SERVICE

PA

Initial - Initiales

Date

001326

PLEASE ADDRESS  
CORRESPONDENCE TO:

THE COMMISSIONER  
ROYAL CANADIAN MOUNTED POLICE  
OTTAWA, CANADA  
K1A 0R2



HEADQUARTERS  
DIRECTION GÉNÉRALE

PRIÈRE D'ADRESSER LES  
LETTRES COMME SUIT:

LE COMMISSAIRE  
GENDARMERIE ROYALE DU CANADA  
OTTAWA, CANADA  
K1A 0R2

YOUR NO.  
VOTRE NO

OUR NO. G.S. 743-17  
NOTRE NO

1979-03-14

Mr. Claude Thibault  
Bureau of Personnel  
Lester B. Pearson Building  
Tower B, 4th Floor  
125 Sussex Drive  
Ottawa, Ontario  
K1A 0G2

REVIEWER

APR 11 1979

ADMIN. RECORDS

PS-12246

Dear Mr. Thibault:

Re: Order-in-Council Appointment

Further to our telephone conversation of last week, it would be appreciated if you could arrange for the transfer of funds in the amount of \$22,403.26 by Source 50, Journal Voucher to the R.C.M.P. as your share of the salaries for Mr. Cadieux and his secretary while temporarily with the R.C.M.P. This figure is based on the following:

a) 1978/79 salary for Mr. Cadieux	- \$ 66,500.00
Salary for period 1978-09-08 to 1979-03-31	
(146/260 days x \$ 66,500)	- \$ 37,342.31
Cost @ 50%	- \$ 18,671.16
b) 1978/79 salary for Mr. Cadieux's secretary	
(SCY-3)	- \$ 13,263.00
Bilingual Bonus -	\$ 800.00
Salary and bonus for period 1978-09-20 to	
1979-03-31 -	
(138/260 days x \$ 14,063)	- \$ 7,464.21
Cost @ 50%	- \$ 3,732.10
Total of a) and b)	- \$ 22,403.26

It is felt that the transfer of appropriate funds on a biannual basis would be sufficient thereafter.

WTS 12 1018

Yours sincerely,

B.T. Lynch

cc: Insp. Ecklund, Est. Br.  
cc: J. Hand, P.S. Personnel  
"A" Dir

B.T. Lynch,  
Officer i/c,  
Financial Management Branch.

1111

001327

1979-03-07

PS 12246

Department of External Affairs  
Lester B. Pearson Building  
125 Sussex Drive  
Ottawa, Ontario  
K1A 0G2

Attention: Personnel Services

Re: Mr. Marcel CADIEUX  
S.I.N. 416-915-601

REVIEWER..... 45

APR 11 1979

ADMIN. RECORDS

Reference is made to our letter dated January 4, 1979 concerning the above-referenced employee.

May we please be advised when we can expect a reply.

Your earliest attention to this matter would be greatly appreciated.

*for R.L.*  
Mrs. D. Revine  
A/Head, Compensation & Benefits Section  
Public Service Personnel Branch

RL/sjc

*BE'd 79-04-27*

*PA 14-34  
RL*

*79-3-8*



PS 12246

Ontario Health Insurance Plan Régime d'assurance maladie de l'Ontario		Ministry of Health Ministère de la Santé		Ontario Health Insurance Plan Régime d'assurance maladie de l'Ontario		Ministry of Health Ministère de la Santé	
Effective first day of month Premier jour de mois		Effective first day of month Premier jour de mois		Effective first day of month Premier jour de mois		Effective first day of month Premier jour de mois	
12	78	12	78	12	78	12	78
CADIEX		CADIEX		CADIEX		CADIEX	
Insurance number Numéro d'assurance		Insurance number Numéro d'assurance		Insurance number Numéro d'assurance		Insurance number Numéro d'assurance	
53253456		53253456		53253456		53253456	
33		33		33		33	
<p>When health services required, present this card to the physician, practitioner or hospital. It will be returned. Not valid unless signed on the reverse side.</p> <p>Quand vous avez besoin de services médicaux, veuillez présenter cette carte au médecin, au praticien ou à l'hôpital. Elle vous sera retournée. Non valide à moins d'être signée au verso.</p>				<p>When health services required, present this card to the physician, practitioner or hospital. It will be returned. Not valid unless signed on the reverse side.</p> <p>Quand vous avez besoin de services médicaux, veuillez présenter cette carte au médecin, au praticien ou à l'hôpital. Elle vous sera retournée. Non valide à moins d'être signée au verso.</p>			
<p>PLEASE KEEP THIS PORTION IN YOUR WALLET OR PURSE</p>				<p>GIVE THIS PORTION TO YOUR SPOUSE OR KEEP AS SPARE</p>			
<p>VEUILLEZ CONSERVER CETTE PARTIE DANS VOTRE PORTEFEUILLE OU VOTRE SAC À MAIN</p>				<p>REMETTEZ CETTE PARTIE À VOTRE CONJOINT OU GARDEZ-LE EN RÉSERVE</p>			
Cat No. 7330-1025				Cat No. 7330-4025			

RECEIVED

APR 11 1979  
ADMIN. RECORDS

PA  
14/22

JAN 29 1979

Ladieux, M

REVIEWER  
RÉVISEUR

19

PS 11109

Re: Ohip and GSMIP deductions  
Transferred in Sept 8, 1978.

\* BF'd  
79-04-30  
for Ohip  
card.

Sept, Oct, Nov salary

RF'd  
Rec'd

\$ 11.55 Code 10 Gsmip  
11.00 Code 33 Hospital Expense - Outside Canada  
2.50 Code 35 Blue Cross Supp Outside  
Canada

December 78 salary

RF'd  
79-1-25

\$ 21.12 Ohip current (Dec)  
\$ 63.36 Ohip arrears 3 mos Sept to Nov incl  
\$ 2.64 Gsmip - overage dependent (Dec)  
\$ 7.92 " " " 3 mos arrears  
\$ 3.55 Gsmip - Employee and dependent (Dec)  
\$ 10.65 " " " (3 mos arrears)

Refunds \$ 34.65 (3 mos Comp Plan with Hosp Expense)  
\$ 33.00 (Hospital Expense - Outside Canada)  
3 mos.

January salary

\$ 2.64 Gsmip (overage dependent)  
21.12 Ohip Family + Supp Cov.  
3.55 Gsmip Empl and dependent

79-01-25. Danielle Tourangeau from  
Comm Office Called re: Mr Marcel  
Ladieux's Ohip card. I advised Danielle  
that employer was being deducted but his  
card would not be issued much  
before 4 to 6 months. Danielle said she  
would inform Mr Ladieux accordingly  
(Ohip # still not appearing on pay run) \*

001331

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

JAN 29 1979

REVIEWER  
RÉVISEUR

19

PS 12246

1979-01-04

Department of External Affairs  
Lester B. Pearson Building  
125 Sussex Drive  
Ottawa, Ontario  
K1A 0G2

Attn: Personnel Services

Re: Mr. Marcel CADIEUX  
S.I.N. 416-915-601

The above-referenced employee was transferred to this department effective September 8, 1978.

In view of the above, may we please be provided with the following items at your earliest convenience.

Personnel file

Aloss Record Form 176

Report of Previous Service

DSS 2000 Non-Elective Pensionable  
Service Record.

Your attention to this matter would be greatly appreciated.

*H.L.*  
*for* Mrs. D. Revine  
A/Head, Compensation & Benefits  
Section  
Public Service Personnel Branch

DR/nhb

*BFD*  
*79-2-9*

*PA 14-34*  
*79-1-4*  
001332

● HANDWRITE - ÉCRIRE À LA MAIN

Classified Document divulgué en vertu de la Loi sur l'accès à l'information

1	TO - À <b>DOP</b>	FROM - DE <b>D/Gen (Adm)</b>	DATE <b>28-12-13</b>
2			
3	<b>D/DOP (P)</b>	<b>DOP</b>	<b>28/12/13</b>
4			

SUBJECT - SUJET

ADMIN RECORDS  
DOSSIERS ADMINISTRATIFS

- ☐ Comments  
Commentaires
- ☐ Prepare Reply  
Réponse à rédiger
- ☐ Make File(s)  
Dossier(s) à ouvrir
- ☐ Perusal - No action required  
Pour information - aucune suite requise
- ☐ Prepare Brief  
Exposé à préparer
- ☐ Return with Current File  
Retourner avec le dossier courant
- ☐ Examination and Action  
Pour examen et suite
- ☐ See Sender  
Voir l'expéditeur
- ☐ Check Records  
Vérifier les archives

JAN 29 1979

REVIEWER  
RÉVISEUR

REMARKS - COMMENTAIRES

REPLY - RÉPONSE

(1) I have signed original &amp; 3 copies. Please retain 3 copies

(2) Please send date of 28-12-13

(3) Please envelope to Mr. Cadman - not by post

(4) Please envelope the attached A-5

(5) Note still go to all ST/1 equivalent. To B.T. Singh (FI-2?)  
not an equivalent for the purposes of RIR\* Please Process - as discussed there  
are no other RETURNED EQUIVALENCES  
FOR THIS PURPOSEB. J. RSP Bar.  
Letter + DIC(A) AS have  
gone forward.J. B. Singh  
14/12

A-5 (4/77) 7530-21-029-4767

ROYAL CANADIAN  
MOUNTED POLICEGENDARMERIE ROYALE  
DU CANADATRANSIT  
SLIPFICHE  
DE SERVICE

PA

Initial - Initiales Date

001333

P.S. 11246

1	TO - À	FROM - DE	DATE
2	<i>Mr. Cadieux</i>	<i>D. Brown (Adm.)</i>	<i>28-12-79</i>
3	ADMIN. RECORDS DOSSIERS ADMINISTRATIFS		
4	JAN 29 1979		

SUBJECT - SUJET

<input type="checkbox"/> Comments Commentaires.	<input type="checkbox"/> Prepare Report Réponse à rédiger	<input checked="" type="checkbox"/> REVIEWER REVISEUR	<input type="checkbox"/> Make File(s) Dossier(s) à ouvrir
<input type="checkbox"/> Perusal - No action required Pour information - aucune suite requise	<input type="checkbox"/> Prepare Brief Exposé à préparer		<input type="checkbox"/> Return with Current File Retourner avec le dossier courant
<input type="checkbox"/> Examination and Action Pour examen et suite	<input type="checkbox"/> See Sender Voir l'expéditeur		<input type="checkbox"/> Check Records Vérifier les archives

REMARKS - COMMENTAIRES

REPLY - RÉPONSE

(1) I am sending the enclosed letter to you as Acting Commissioner.

(2) This letter and attachments is as per Privy Council Office instructions and it is not squinched is going to all SX-1's and squinched.

I don't know if you previously received like material from the Dept. of External Affairs but am sending it to you routinely as we are the applicable employees of the Gov.

*[Handwritten signature]*

*[Handwritten signature]*

A-5 (4/77) 7530-21-029-4767



ROYAL CANADIAN MOUNTED POLICE  
GENDARMERIE ROYALE DU CANADA

TRANSIT SLIP

FICHE DE SERVICE

PA	Initial - Initiales	Date
		001334



To — À

File No. — Dossier N°

Date

From — De

☐ Please call  
Prière d'appeler

Tel. No. — N° de tél.

Ext. — Poste

☐ Returned your call  
Vous a rappelé☐ Will call again  
Vous rappellera☐ Wants to see you  
Désire vous voir

Date

Time — Heure

Message received by  
Message reçu par☐ Action  
Donner suite☐ Approval  
Approbation☐ Note & return  
Noter & retourner☐ Comments  
Commentaires☐ Draft reply  
Projet de réponse☐ Note & forward  
Noter et faire suivre☐ As requested  
Comme demandé☐ Signature☐ Note & file  
Noter et classer

*to enclose in  
Cadieux's PS file*

001335

BEST COPY AVAILABLE

CANADA  
PRIVY COUNCILP.C. 1970-2/2068  
8 December, 1970

(T.B. REC. 701153)

AT THE GOVERNMENT HOUSE AT OTTAWA

PRESENT:

TO: HIS EXCELLENCY THE GOVERNOR GENERAL IN COUNCIL

His Excellency the Governor in Council, on the recommendation of the Secretary of State for External Affairs and the Treasury Board, pursuant to Section 7 of the Diplomatic Service (Special) Superannuation Act, is pleased hereby to declare the salary of Mr. Marcel Cadieux for superannuation purposes to be that which he was receiving as the Under-Secretary of State for External Affairs, immediately prior to his appointment to Public Office, effective from the date he assumed his appointment as Canadian Ambassador to the United States, until such time as he shall cease to be a Public Official irrespective of the Public Offices to which he may be appointed in the future.

His Excellency in Council is further pleased to declare that, in the event of any upward revision of the salary of the Under-Secretary of State for External Affairs, the salary of Mr. Cadieux for superannuation purposes will be the revised salary of the Under-Secretary of State for External Affairs, effective from the date of such revision until such time as he shall cease to be a Public Official, irrespective of the Public Offices to which he may be appointed in the future.

REGISTERED IN AUTO INDEX
RECORDED FOR ACTION 70
APR
RECORDED FOR INFO
REF, AFF, APRE, PIN
10750100

CERTIFIED TO BE A TRUE COPY - COPIE CERTIFIÉE CONFORME



EXTERNAL AFFAIRS

AFFAIRES EXTÉRIEURES



MEMO DUM

TO APRE - Pay Section

SECURITY UNCLASSIFIED  
Sécurité

FROM APRE - Superannuation Section  
De

DATE September 26, 1977

REFERENCE  
Référence

NUMBER  
Numéro

SUBJECT Superannuation - Deemed Salary - Mr. M. Cadieux  
Sujet

FILE	DOSSIER
OTTAWA	3-13-7-Cadieux, J.D.R.
MISSION	

ENCLOSURES  
Annexes

DISTRIBUTION

In accordance with authority P.C. 1970-2/2068 of December 8, 1970, Mr. Cadieux's deemed salary for superannuation purposes is the salary of the Under-Secretary of State for External Affairs. Authority P.C. 1977-2363 of August 25, 1977, set the salary for the Under-Secretary of State for External Affairs (Mr. H.B. Robinson) to be \$61,500.00 effective April 1, 1977.

2. Please request Central Pay Division to make the necessary adjustments for Supplementary Retirement Benefits and Death Benefit contributions from the effective date.

S. BANNING

S.Banning  
Superannuation Section

27-8-76

PS. 11246 ✓

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

78-12-11

JAN 29 1979

REVIEWER  
RÉVISEUR

19

Mr. M. Cadieux,  
Special Advisor to  
the Commissioner and  
Director General  
Security Service.

Dear Mr. Cadieux:

On March 24, 1976, the Prime Minister indicated in the House of Commons that an official policy would be forthcoming relating to the commercial activities of former holders of federal public office. The policy subsequently adopted by the Government was tabled in the House of Commons on December 17, 1976. Since then, the original policy has been reviewed and amended and formally came into force on January 1, 1978. The purpose of this letter is to officially bring this policy to your attention and to explain its intent and application to you as a Governor-in-Council appointee.

In essence, the policy is a codification of the long standing and generally accepted standards of conduct that have been followed by public servants over the years. It provides a greater degree of certainty with respect to the activities of government employees, both during and after employment in responsible positions in government service, that are considered to be undesirable. One of the objectives served by the policy is to protect the impartiality and disinterestedness of government service through the avoidance of situations where former office holders have or may be thought to have made personal use of confidential information, to have changed sides with regard to a specific claim or controversy to the detriment of the government or to have traded unfairly on their knowledge of government operations or influence with

12

14/2

001339

- 2 -

government employees. The other objective served by the policy is to remove the kind of doubt as to permissible actions which has made the position of civil servants and former civil servants open to criticism or innuendo in a manner unfair to them. In short, this policy serves to reinforce the integrity of the public service while preventing the commercial exploitation of the public trust for private gain.

The policy outlined in the attached appendices applies to Ministers, Parliamentary Secretaries, Exempt Staff, Governor-in-Council appointees and public servants at the SX1 equivalent level and above. The policy will also apply to certain public servants at a more junior level, holding positions which the Minister responsible has identified as being of a particularly sensitive nature. Furthermore, the policy does not apply retroactively: it does not therefore apply to someone who held their position on January 1, 1978, but it is hoped nevertheless that they would be guided by it as a matter of honour and personal choice. However, all newly-hired public servants and present incumbents who accepted positions after January 1, 1978, are informed of the policy and the guidelines by the appropriate authorities at the time the position is offered and are expected to conform to it as a matter of honour and of personal choice.

In reviewing the attached policy, you will note that the guidelines contained in Appendices II and III relate to activities with commercial orientations only. The oath of office and of secrecy taken by all public servants will of course apply without time limit to all activities that public servants may undertake.

Appendix I of the attachment is a restatement of the basic principles of public service which apply to all public office holders and constitute the basis of the policy.

- 3 -

Appendices II and III give concrete expression to these principles by means of a statement of guidelines. The former states the guidelines applicable to persons still in government service and the latter stipulates the guidelines applicable to former holders of public office.

You will note that Appendix III prescribes distinct "cooling-off" periods for each category A and B activities. Guidelines A1 and B1 seek to give the public assurance that an office holder will not be deflected from loyal and objective pursuit of his official duties while in office by offers of employment with a business corporation with which he or his department or agency have significant official dealings that may have a financial impact on that corporation. Guidelines A2 and B2 are aimed at preventing an employee from working for the government with respect to a given subject matter and then turning about and working for another party with respect to the same subject matter, a practice that constitutes a criminal offence in the United States and that is contrary to generally accepted codes of professional ethics. Guideline A3 is aimed at preventing the commercial use of influence with former close colleagues through lobbying and B3 at the commercial use of inside information that is linked to the programs and policies of the departments or agencies with which the office holder had a close official connection.

Appendix III also recognizes the need to exempt certain positions or sets of positions from the application of the guidelines when it is felt to be in the public interest to do so. In this connection, persons hired under the Interchange Canada Program are not subject to the guidelines. Moreover, Ministers are provided with the possibility of making such exemptions on the recommendations of the advisory committees established under the policy to administer the guidelines. Finally, the advisory committees are permitted to begin the "cooling-off" period from the date on which the disclosure of an offer of employment is made by an employee pursuant to the terms of the Appendix II guidelines rather than from the date on which the individual leaves government service. This position is considered appropriate because, following disclosure, an individual's superior can ensure that conflicts of interest and of loyalty are avoided.

/4

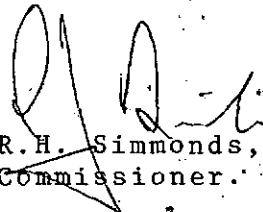
- 4 -

Finally, Appendix IV of the attachments deals with administrative matters. Specifically, this appendix provides for the establishment of the advisory committees referred to earlier in this letter. These committees will authoritatively interpret the guidelines as they apply to specific cases and will strive to ensure a consistent and equitable application of the guidelines. These committees are also empowered to recommend to Ministers that exemptions to the guidelines be granted to individuals for reasons of fairness to them or when the public interest so requires. An advisory committee to assist public servants appointed under the Public Service Employment Act has been established and will be chaired by a Commissioner of the Public Service Commission.

Any enquiries related to this policy can be directed to the Officer in Charge Internal Affairs Branch, "A" Directorate.

I am confident that all of us to whom these guidelines specifically apply will consider this policy as a timely and useful measure which will facilitate the continuation of the high standards of conduct for which the public servants of Canada are known.

Yours truly,

  
R.H. Simmonds,  
Commissioner.

APPENDIX I

Principles regarding the activities of  
holders of public office

- 1) Current and former holders of public office must ensure by their actions that the objectivity and impartiality of government service are not cast in doubt and that the people of Canada are given no cause to believe that preferential treatment is being or will be unduly accorded to any person or organization.
- 2) Current and former holders of public office must ensure by their actions that there is no reasonable ground for belief that it is possible to have privileged access to government personnel or services.
- 3) Current and former holders of public office must exercise care in the management of their private affairs so as not to benefit, or to appear to benefit, from the use or communication of confidential information acquired in the course of their official duties.

## APPENDIX II

### Guidelines for holders of public office during their employment with the government

- 1) No Minister, Parliamentary Secretary, Governor-in-Council appointee, public servant or exempt staff member ("office holder") should allow himself to be influenced in his pursuit of his official duties by plans for or offers of outside employment:
  - a) the office holder should disclose to his superior all serious offers of positions outside government service which in his judgment put him in a position of a real or apparent conflict of interest;
  - b) the office holder should disclose to his superior any job offer under serious consideration that has been received from an individual, organization or interest group with a commercial orientation in the private sector and with which the office holder has official dealings.
  - c) the office holder should within a reasonable time disclose all offers of employment outside government service that have been accepted.
  - d) the office holder should, in seeking employment outside government service or in preparing himself for commercial activities after he has left the employ of the government, take great care to ensure that these endeavours do not lead to real or apparent conflicts of interest or in any way interfere with his official duties, and do not in the absence of the permission of his supervisor involve commercial negotiations with other government employees.

- 2 -

2) Office holders have a duty in any official dealings they have with former office holders to ensure that they do not provide grounds or the appearance of grounds for allegations of improper influence, privileged access or preferential treatment.

3) Office holders must clearly understand that under no circumstances is a former member or employee of the Force, nor for that matter any other person or organization, to be given access to personnel, services or information that would not be given to any person, unless the former member, employee, person or organization is or represents a bona fide law enforcement, government or other agency with which the Force has an official working relationship.

NOTE: "Governor-in-Council appointees" denotes persons appointed by or with the approval of the Governor in Council or a Minister, or in receipt of remuneration fixed by the Governor in Council who are in full-time positions with government departments, Crown corporations and autonomous agencies, but not those persons who are members of bodies with primarily judicial or quasi-judicial functions.

### APPENDIX III

#### Guidelines applying to employment and commercial activities of former holders of public office

The following guidelines are provided to give content to the principles in Appendix I, and are to be applied in accordance with those principles and with the aim of protecting the individual liberty of each public servant and former public servant to the fullest extent possible.

The guidelines apply to arrangements made before and after office holders leave government service. Former ministers, deputy ministers, heads of agencies and exempt staff at the equivalent level of deputy head are requested not to engage in the activities described in category A for a period of two years, and to delay for one year any participation in activities described in category B. The corresponding delay period for parliamentary secretaries, other full-time Governor-in-Council appointees and public servants and exempt staff at the SX1 equivalent level or above is one year for category A and six months for category B. The guidelines do not apply to persons hired under Interchange Canada. The policy gives individual ministers the right to designate other public servants, Governor-in-Council appointees and exempt staff, including those whose principal, though not exclusive, employment is with the government or one of its agencies, as being subject to these guidelines. The advisory committees may, upon request from a Minister or Deputy Minister and with the approval of the Prime Minister (in the case of deputy heads); of the responsible Minister (in the case of other full-time Governor-in-Council appointees and of exempt staff) and of Treasury Board (in the case of public servants) exempt any position or set of positions from the application of the guidelines in any case where the Committees believe that such an exemption is in the public interest.

- 2 -

Category A.

1. An office holder must not, within the relevant time period, accept appointment to a board of directors of a commercial corporation which was, as a matter of course, in a special relationship with the department or agency with which he was last employed, where "special relationship", means regulation of the corporation by the department or agency, receipt by the corporation of subsidies, loans or other capital assistance from the department or agency, and contractual relationships between the corporation and the department or agency.
2. An office holder must not, within the relevant time period, change sides to act for or on behalf of any person or commercial corporation in connection with any specific proceeding, transaction, case or other matter to which the Government of Canada is a party and in which he had a personal and substantial involvement on behalf of a department or agency of the government.
3. A former office holder, must not, within the relevant time period, lobby for or on behalf of any person or commercial corporation before any department or agency with which he was employed or with which he had a direct and substantial official relationship during the period of two years prior to the termination of his employment.

/3

- 3 -

Category B

1. An office holder must not, within the relevant time period, accept employment with a commercial corporation with which he had significant direct official dealings during the last year of his employment.
2. An office holder must not, during the relevant time period, change sides to act for or on behalf of any person or commercial corporation in connection with any specific proceeding, cause, transaction or other matter which fell under his authority as an employee of the government during the period of one year prior to the termination of his employment.
3. A former office holder must not, within the relevant time period, give counsel for commercial purposes concerning the programs or policies of the department or agency with which he was employed or with which he had a direct and substantial relationship during the period of one year prior to the termination of his employment.

Where, pursuant to disclosure of an offer of employment under guidelines 1(a) or 1(b) of Appendix II, the advice of an advisory committee is sought with respect to the application of guidelines A1 and B1 the committee may advise that the time period for the purposes of these guidelines begins on the date the disclosure was made or on any date subsequent to the date of disclosure, that is before the date on which the office holder leaves government service.

Note: "Office holder" includes former "office holders", as defined by Appendix II, and "Governor-in-Council appointee" has the same meaning as in Appendix II.

## APPENDIX IV

### Administrative Arrangements

Advisory committees have been established to determine the application of the guidelines in specific instances and to help Ministers, Parliamentary Secretaries, appointees, public servants and exempt staff understand how the guidelines apply to their particular cases. The committees also advise on the operation of the guidelines and recommend changes where necessary. The committees are authorized to recommend exemptions from the guidelines in any case where fairness to individuals or the public interest requires. Such recommendations will be made to the Prime Minister (in the case of Ministers, Parliamentary Secretaries, and deputy heads) to the responsible Minister (in the case of other full-time Governor-in-Council appointees and of exempt staff) and to the Treasury Board (in the case of Public Servants).

An Advisory Committee chaired by the President of the Treasury Board and composed of selected Ministers has been established to advise all Ministers and Parliamentary Secretaries who require assistance in interpreting the application of the guidelines to specific circumstances.

An Advisory Committee made of the Clerk of the Privy Council and the Secretary to the Cabinet, the Secretary for Federal-Provincial Relations, the Secretary to the Treasury Board, the Chairman of the Public Service Commission and the Deputy Minister of Justice has also been established to advise all appointees of the Governor in Council and exempt staff who require assistance in interpreting the application of the guidelines to specific circumstances. The Committee will report its advice to the Prime Minister and to the individual involved. The Prime Minister will in turn report to the House any known failure of former Governor-in-Council appointees or exempt staff to abide by advice given by the Committee.

Appropriate arrangements have been made similarly to advise public servants appointed under the Public Service Employment Act. In addition, all Crown corporations and autonomous agencies are urged to adopt similar guidelines and mechanisms for those of their senior employees who are neither public servants nor appointees of the Governor-in-Council. A special request has been made to ensure that members of the Armed Forces and the Royal Canadian Mounted Police will also be covered.

- 2 -

The policy will apply to all persons appointed to new positions within the government and its agencies, who will be expected to conform to it as a matter of honour and of personal choice. Before being sworn in, individuals will be asked to read the guidelines and to govern themselves accordingly. While the policy does not officially apply to present incumbents until such time as they accept new appointments in the public service, it is expected that they will continue to abide by it.

APPENDIX V

Rules of Practice for hiring of former  
public servants by the government

1) In order to reduce the possibility of any conflict of interest, a former Governor-in-Council appointee or public servant who has entered into the practice of lobbying on behalf of clients or of giving counsel for commercial purposes about government activities, will not, while so engaged, be considered to be eligible for appointment to the Board of Directors of a Crown corporation or of any agency in which the government of Canada has a majority interest.

2) Individual Ministers and the Treasury Board, as may be appropriate, will approve all personal service contracts involving payments by the government to former Governor-in-Council appointees or public servants who are in receipt of a government pension and in so doing will consider carefully the total annual benefits to accrue to the individual as a result of his pension entitlement and of personal service contracts with the Government or its agencies.

CHEQUE TRANSMITTAL



FORMULE D'ENVOI DE CHÈQUES

TO  
À

Commissioner's Office

Attn: Executive Office

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

JAN 29 1979

Place / Lieu

Ottawa, Ontario

Date

1978-11-30

FOLD  
PLIEZ

ENCLOSED IS/ARE

CI-JOINT,

Government of Canada

as per Salary and Deduction Paylist dated 78-11-16

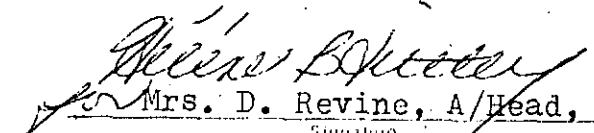
CHEQUE(S)  
CHÈQUE(S)

#531-6133613 in favour of M. CADIEUX, Gross \$1245.39, Net \$702.78  
representing retro active salary revision while employed  
with External Affairs.

REVIEWER

RÉVISEUR

19

  
Mrs. D. Revine, A/Head,  
Signature

Compensation & Benefits Sec./PSPB

F.119 (2-72) (7530-21-029-4439)

PA  
14/22  
78.11/30  
CJ

CHEQUE TRANSMITTAL

FORMULE D'ENVOI DE CHÈQUES



TO  
À

Commissioner's Office  
Attn: Executive Office

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

JAN 29 1979

Place - Lieu  
Ottawa, Ontario  
Date  
1978-11-30

FOLD  
PLIEZ

REVIEWER  
RÉVISEUR

19

ENCLOSED IS/ARE

CI-JOINT, as per Salary and Deduction Paylist dated 78-11-01

Government of Canada

CHEQUE(S)  
CHÈQUE(S)

#531-5956810 in favour of M. CADIELLY, in the amount of \$88.84  
representing a refund of Superannuation deduction.

*Helene B. Vittoria*  
for Mrs. D. Revine, A/Head,  
Signature  
Compensation & Benefits Sec.

F 119 12/721 (7530-21-022-4439)

PA  
11/22

M. Cadieux

Revision period 14.78 to 17.9.78.

Due 48322

Recd 45472

2850.

10,9246 x 114 = \$ 1245.40

CPD issued 1245.39.

ADMIN. RECORDS  
DOSSIERS ADMINISTRATIFS

JAN 29 1979

REVIEWER  
RÉVISEUR

1

P.A.

NOV 30 1978

ADM. 14/22  
INIT. CT

CHEQUE TRANSMITTAL



FORMULE D'ENVOI DE CHÈQUES

TO  
À

Commissioner's Officer  
Attn. Executive Officer  
Supt. Schramm

Place — Lieu

Ottawa, Ontario

Date

78-10-12

REVIEWER 27

DEC 19 1979

ADMIN. RECORDS

FOLD  
PLIEZ

ENCLOSED IS/ARE  
CI-JOINT,

Government of Canada

CHEQUE(S)  
CHÈQUE(S)

#531-5711397 issued in favour of M. Cadieux in the gross amount of \$1289.66 (\$719.55 net) representing salary adjustment on Promotion to a DM3 from 78-09-08 to 78-09-29 inclusive.

Signature

Mrs. J. Trottier

Head, Comp. & Ben. Sec., P.S.P.B.

PA  
14/22

001355

M. Cadieux

Entitled  
Rec'd.

66500.00

45473.00

(Revised 48322  
78-04-01)

21,027.00

80.60 p/d

x 16 days

78/9/8 to 78/09/29

1289.66 being

1289.66 issued 78-10-05

PA  
1422

CHEQUE TRANSMITTAL



FORMULE D'ENVOI DE CHÈQUES

TO  
À

Office of the Commissioner  
Attn: Executive Office

Place - Lieu

Ottawa, Ontario

Date

1978 October 10

REVIEWER..... 77

DEC 19 1979

ADMIN. RECORDS

FOLD  
PLIEZ

ENCLOSED IS/ARE  
CI-JOINT,

Government of Canada

CHÈQUE(S)  
CHÈQUE(S)

#505-7656445 in the amount of 1152.00 in favour of M CADIEUX,  
representing October interim.

RL

Mrs. J. Trottiery  
Head, Compensation & Benefits Section  
Public Service Personnel Branch

Signature

001357



FROM  
DE

P.S.P.B.  
Compensation & Benefits Section

File No. (originator) — Dossier no (source)

TO  
A

F.S.S.  
Attn: P. Heckl

REVIEWER.....  
File No. (addressee) — Dossier no (destinataire)

SEP 28 1978

ADMIN. RECD

Subject - Objet

New Appointment

M. CADIEUX - Transferred in from Department of External  
Affairs effective September 8, 1978 on Paylist 035 -  
Commissioner's Office. New cheque card attached.

Reply - Réponse

Signature

*R. Zolacher*

Date

78-9-26

7540-21-029-01

CGSB STANDARD FORM 59

Signature

Date

*PA 1430*  
*RH*  
*78-9-26*

FORMULE NORMALISÉE 59 DE L'ONGC

3

ORIGINATOR  
SOURCE

Remove this copy and its carbon for follow-up - Send copies 1 and 2 intact.

Détacher cet exemplaire et le carbone qui le précède pour rappel - Envoyer les exemplaires 1 et 2 avec carbone.

001358

PERSONNEL - PAY		INPUT FORM		FORMULE D'ENTRÉE -		PERSONNEL - PAYE	
ADMIN. CONTROL		NEW-NOUVEAU		CORRECTION		ZONES DE CONTRÔLE ADMIN.	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
L I N E		S E Q .		S E Q .		L I N E	
NUMÉRO REC. DE FORMULE		DATE OF ISSUE (D.M.A.)		DATE D'ÉMISSION (J.M.A.)		INDIVIDUAL RECORD REGISTER INDIVIDUEL	
34		34		34		<input checked="" type="checkbox"/>	
251778		251778		251778		ATTACHED - CI ANNEXE	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
PSC 1300		PSC 1300		PSC 1300		ATTACHED - ANNEXE	
EXTERNAL AFFAIRS		EXTERNAL AFFAIRS		EXTERNAL AFFAIRS		TO FOLLOW LA SUITE	
VOTE - 1 ADMIN		VOTE - 1 ADMIN		VOTE - 1 ADMIN		NOT APPL. - SANS CR.	
BRANCH - DIRECTION		BRANCH - DIRECTION		BRANCH - DIRECTION		BRANCH - DIRECTION	
PAGE 1		PAGE 1		PAGE 1		PAGE 1	

FORM IDENT. FORM.	PAY OFF BUREAU DE PAYS	DEPARTMENT MINISTÈRE	PAY LIST LISTE DE PAYS	SOCIAL INSURANCE NUMBER NUMERO D'ASSURANCE SOCIALE	CONTROL NO. NO DE CONTROLE	FAMILY NAME NOM DE FAMILLE	INITIALS BATAILES	DATE OF BIRTH DATE DE NAISSANCE	D.O.B. CERTIFICATE PREUVE DE NAISS.
0	0	1	1	1	1		1	1	1
8	9	1	2	2	3	CARL WILX	5	7	8

DUAL RESIDUAL		SECTOR LOC.	PAY RATE	MARITAL STATUS	SEX	SSN	EXCL.	ALTERNATIVE CL. USE			SHIP	ITD	AUTHORITY - AUTORIZATION			TYPE				
INDIC.	INDIC.	CODE - LOC. SECTOR PROV.	CODE - TAUX REAJ.	ETAT CIVIL	SCPE	CODE - RUN	2	SHIP	S - GRP	LV	NIV	GRID SPRILLE SURV.	GRID SPRILLE IFD	AUTH. CODE	NO. OF AUTORS.	DD-27	MM	YY	AA	CODE - TYPE
1	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3					3
9	0	0	1	2	4	2	6	7				8	9	0						1

LINE 4 - LIGNE 4																
SCH. NRS. WORK (SWM) TRAV. ENTR.	ASSIGNED WKR. UN. / SECT. DE TRAVAIL	NON. STAND. STAL. SPEC. TRAV. / AN.	PAY CYCLE CYCLE DE PAYS	PAY ZONE DE PAYS	D.B. E.L.G. P.C. / PRES. / DEGES	C.F. / P.P. ADMS. R.P. / R.R.Q.	REVISION TYPE CODE TYPE PENSION	U.E.L.C. ASS. / ADM. / ASS. C.	ONE. MED. ASS. / JAN. / QUEBEC	TAX. P.L.D. CODE N.I.P.T.	FED. TAX EXEMPT EXON. IMPOT. FED.	PROV. TAX EXEMPT EXON. IMPOT. PROV.	START CONT. SERV. / SERV. CONT. / DD. JJ. MM. YY. AA.	AREA OF RES. REGION DE RES.	C/D. / D. AL. / ALD.	REASON FOR LEA. MOT. DU DEP.
3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4
3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4
2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8

[illegible]

PAY- CATION INTER- DE PAYS		M O D	ENT- DECLAI- VERS RET. RAJST.	EFFECTIVE FROM EN VIGUEUR DU		EFFECTIVE TO EN VIGUEUR JUSQU'AU		B S Z	RATE/AMOUNT TAUX/MONTANT		H H D W S	NO. DAYS DAYS JOURS	PARTICULARS DETAILS		ACCTS CODING/CONTRACT NO./STATUS CHANGE/OTHER CODES COMPTES/N° CONTRACT/ACCOMMODATION DE SITUATION/AUTRE		JAN 30 1979	
60 3 61 62				DD-JJ	MM	YY-AA	AM	DD-JJ	MM	YY-AA	PM							
				83				64				67 58	69		79-2	3 4-6-5	PUBLIC	PERSONNEL

[illegible][illegible]

178-7112-2

2608

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2608

178-7112-2

2608

AUTM. FIELDS ZONES AUTORS		DD-JJ	MM	YY-AA	NAME - NOM (PRINT - EN MAJUSCULES)		AUTHORIZED SIGNATURE - SIGNATURE AUTORISÉE	
25 09 78					DIANA KUL18X		25 09 78	
					L. POCHOPSKY			

DEPARTMENTAL USE  
A L'USAGE DU MINISTÈRE 4

7540-21-8965-3011

\_\_\_\_\_

Transfer between sheets  
Entitlements not trans - not done  
Paid by = ? P Office 31 sheet EXT P/L 315 Sup

Name: CADIEUX, MARCEL 20410 62073

Initials: M  
SIN 416-915-601 iff 78-09-08

DOB 17-6-15  
MAR ST. M. pol. 48.

Sex M  
BUT exp

Auth Code 3

Supp. FT.

Has a work. 37 1/2

SW W Yes

DB yes

C.P.P. yes

Pension yes

UI. Yes

Fed. Exp. same

Cont. Sec date. 21-08-41

Area of Res. Ontario

DI - LTD No

Married with 3 dependents.

? Cancel = Hosp Ins outside Can. Yes, but they should have part OHIP  
amend - HSMIP yes 11.55

CS Mutual Benefit 82  
Code 15 - comm. Chest.

OTHER 33 + 35

Home address:

John Henry

CHEQUE TRANSMITTAL



FORMULE D'ENVOI DE CHÈQUES

TO  
À

Office of the Commissioner  
Attn: Executive Office

Place - Lieu

Ottawa, Ontario

Date

1978 September 26

REVIEWER

SEP 28 1978

ADMIN. RECORDS

FOLD  
PLIEZ

ENCLOSED IS/ARE  
CI-JOINT,

Government of Canada

CHEQUE(S)  
CHÈQUE(S)

# 531-5553602 in the amount of 1151,89 in favour of M. CADIEUX,  
forwarded by External Affairs, representing September Net.

Mrs. J. Trottier  
Head, Compensation & Benefits Section  
Public Service Personnel Branch

Signature

001361

## TRANSMITTAL AND RECEIPT NOTE — NOTE D'ENVOI ET DE RÉCEPTION

A.H.N. Mrs. Tremblay

TO  
A RCMP - Pickering Bldg.  
250 Tremblay Rd., Ottawa

NO.

DATE

25-9-78

QUANTITY  
QUANTITÉ

DESCRIPTION — DESCRIPTION

REFERENCE — RÉFÉRENCE

1 Mont. of Canada cheque # 531-5553602 for 1151.89  
re: M. Cadieux

REVIEWER.....

SEP 28 1978

ADMIN. RECORDS

report of previous service, etc. will  
be sent as soon as possible 666

RECEIPT ACKNOWLEDGED / ACCUSER RÉCEPTION

RETURN TO / RETOURNER À

18/09/85  
DATE

SIGNATURE

V.C. Nymus / APRE  
Encl. Appareil  
125 Sussex Dr.  
OTTAWA, K1A 0G2

001362

PERSONNEL — PAY INPUT FORM		FORMULE D'ENTRÉE — PERSONNEL — PAYE	
1. <input checked="" type="checkbox"/> NEW-NOUVEAU <input type="checkbox"/> CORRECTION		2. PREVIOUS FORM NUMBER / NUMÉRO PREC. DE FORM. (V) SEQ.-SEQ. DATE OF ISS. / DATE DE MISS. (N.A.)	
ADMIN. CONTROL FIELDS / ZONES DE CONTRÔLE ADMIN. 1 1		3. <input checked="" type="checkbox"/> INDIVIDUAL RECORD / REGISTRE INDIVIDUEL <input type="checkbox"/> 2517TB ATTACHED - CI-ANNEXE	
4. PSC 1306		5. DEPARTMENT - MINISTÈRE R.C.M. Police	
6. BRANCH - DIRECTION Commissioner's Secretariat		7. PAGE 1 OF 1	

FORM IDENTIFICATION		PAY OFF BUREAU DE PATE	DEPARTMENT MINISTRE	PAY USE LISTE DE PATE	SOCIAL INSURANCE NUMBR N° D'ASSURANCE SOCIALE	CONTROL NO N° DE CONTRÔLES	FAMILY NAME NOM DE FAMILLE	INITIALS INITIALES	DATE OF BIRTH DATE DE NAISSANCE	O O B CERTIFICATE PREUVE DE NAISSANCE	TYPE CODE - TYPE
0	0		1	1	1	1	CADIEUX	1	DD-JJ MM YY-AA	1	A
8	9	31	0	2	3	4		5	DD-JJ MM YY-AA	7	1
5	2	035	RCH		416915601	0207					8

LINE 3 - LIGNE 3

DUAL REMUN INDIC DOUBL REMPL	GEOGR LOC CODE - LOC GEOGR PROV	PAY RATE CODE - TAUX REMUN	MARITAL STATUS ETAT CIVIL	BUD CODE - IUN	EXCL	SUP GRID GRILLE SURV	ITD GRID GRILLE IFD	AUTHORITY - AUTORISATION AUTH NO - N° AUTORIS	DD-JJ MM YY-AA
1	2	2	2	2	2	2	2	3	3
9	0	1	3	5	6	8	9	0	1

LINE 4 - LIGNE 4

SCH HRS HELRES SHWY HELRES REG TRAV SPT	ASSIGNED WORK WK SEM DESIGNEE DE TRAVAIL	NON STAND WORK WK SEM SPEC DE TRAVAIL	PAY CYCLE CODE - CYCLE DE PATE	PAY ZONE - ZONE DE PATE	D.B ELIG ADNIS PREST DECES	CPP/OPP ELIG ADVIS PRO/RRO	PENSION TYPE CODE - TYPE PENSION	UI-ELIG CODE - ADMIS ASS C	QUE MED ELIG ASS-MAL OUEBEC	FED TAX EXEMPT EXON IMPOT FED	TAX ELIG CODE - IMPOT	PROV TAX EXEMPT EXON IMPOT PROV	START CONT SERVICE DEBIT SERV CONT	AREA OR RES REGION ALAID	BEAS FOR LEA NOT DU DE
3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4
2	4	4	4	6	7	8	9	1	2		1		5	6	8

[illegible]

PAY ACTION		EFFECTIVE FROM		EFFECTIVE TO		RATES/AMOUNT		PARTICULARS		ACCTS. CODING/CONTRACT NO./STATUS CHANGE/OTHER	
W	D	DD-JJ	MM	YY-AA	AM	PM	DD-JJ	MM	YY-AA	DD-JJ	MM
60	61	62	63	64	65	66	67	68	69	70	71
04C000		080978		1		96650000		31 EXT 315		X0017100	
06A001		080978		1							

REMARKS - REMARQUES

along Authority - Order in

encls attached.

001363

PERSONNEL - PAY  
INPUT FORM

1. <input checked="" type="checkbox"/> NEW-NOUVEAU	2. PREVIOUS FORM NUMBER NUMÉRO PRÉC. DE FORM.	3. <input checked="" type="checkbox"/> INDIVIDUAL RECORD REGISTRE INDIVIDUEL	4. PSC 1306	5. DEPARTMENT - MINISTÈRE K.C.M. Police	6. BRANCH - DIRECTION Communication's Secretariat	7. PAGE 1 OF 1
ADMIN. CONTROL ZONES DE CONTRÔLE ADMIN.	DATE OF ISSUANCE DATE D'ÉMISSION	25718 ATTACHED - CI-ANNEXÉE	1- ATTACH - CI-ANNEXÉE 2- TO FOLLOW - À SUIVRE 3- NOT APPL. - SANS OBJET			

LINE 2 - LIGNE 2

FORM IDENT	PAY OFF DE PAYE	DEPARTMENT MINISTÈRE	PAY LIST LISTE DE PAYE	SOCIAL INSURANCE NUMBER NUMÉRO D'ASSURANCE SOCIALE	CONTROL NO N° DE CONTRÔLE	FAMILY NAME NOM DE FAMILLE	INITIALS INITIALES	DATE OF BIRTH DATE DE NAISSANCE	D.O.B. CERTIFICATE PREUVE DE NAISS.
0	0	1	1	416915601	1	CADELLER	1	1	1
5	2	1	2	0807	4		6	7	8

LINE 3 - LIGNE 3

QUAL. REMUN. - INDIC. DOUBLE	GEORG. LOC. - CODE - LOC. GEORG. PROV.	PAY RATE - CODE - TAILL. REMUN.	MARITAL STATUS - CODE - ETAT CIVIL	SEX - CODE - SEXE	BUD - CODE - IUN	EXC. - CODE - EXC.	ABREGE CLASS. TITRE - CODE - TITRE ABREGE CLASS.	SUP. GRILLE - CODE - GRILLE SUP.	INT. GRILLE - CODE - GRILLE INT.	AUTH. CODE - CODE - AUTH.	AUTH. NO. - N° AUTORS.	DD-JJ	MM	YY-AA	TYPE - CODE - TYPE
1	2	2	2	2	2	2	2	2	2	3					3
9	1	0	1	4	5	6	7	8	9	0					1

LINE 4 - LIGNE 4

SCH. HRS. - WORK (SW) - HEURES RÉG. TRAV. (SWT)	ASSIGNED WRK. WK. - SEM. DESIGNÉ DE TRAVAIL	NON STAND. WRK. WK. - SEM. SPEC. DE TRAVAIL	PAY CYCLE - CODE - CYCLE DE PAYE	PAY - CODE - TAUX DE PAYE	D.B. ELIG. - CODE - PRIEST DECEDES	OPR/DRP - CODE - ADMIS. REC/ORD	PENSION TYPE - CODE - TYPE PENSION	UN-ELIG. - CODE - ADMIS. ASS. C	OLE. MED. - CODE - ASS. MAL. QUÉBEC	TAX ELIG. - CODE - IMPOT	FED. TAX EXEMPT - CODE - EXON. IMPOT FED.	PROV. TAX EXEMPT - CODE - EXON. IMPOT PROV.	START CONT. SERVICE - CODE - DEBUT SERV. CONT.	AREA - CODE - DE RÉS.	REASON FOR LEAVING - CODE - RAS. DU DÉPART
2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
750	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3

LINE 5 - LIGNE 5

NEXT STAT. INCOR. DATE - PROCH. DATE AUG. STAT.	VAC. PAY - PERCENT POUCEMENT	POSITION NUMBER - N° DU POSTE	POSITION CLASS. - CLASSE DU POSTE	APPOINT - CODE - DE NOMINAT.	DIPLOMATIC - CODE - RANG	ACCTS. CODING/CONTRACT NO./STATUS CHANGE/OTHER - CODES COMPTES/N° CONTRAT/MODIFICATION D'ÉTAT/CHANGEMENT/AUTRE	COMPLETED BY - COMPLÉTÉ PAR
4	5	5	5	5	5	5	5
9	0	1	2	3	4	5	6

PAY ACTION - M. INTER. D. DE PAYE	ENT. - O. VARS. RET. ADJUST.	EFFECTIVE FROM - EN VIGUEUR DU	EFFECTIVE TO - EN VIGUEUR JUSQU'AU	RATE/AMOUNT - TAUX/MONTANT	NO. HRS. - NOMBRE HEURES	PARTICULARS - DÉTAILS	INITIALS ON NO. - INITIALES DU N°
60	61	62	63	64	65	66	67
069001	08	09	78	1	96650000	31 EXT 315	00017100

REMARKS - REMARQUES	ISSUING OFFICE AND TELEPHONE - BUREAU ÉMETTEUR ET TÉLÉPHONE	CERTIFIED TRUE TO SECTION 27 OF THE FINANCIAL ADMINISTRATION ACT - CERTIFIÉ VÉRIFIÉ À L'ARTICLE 27 DE LA LOI SUR L'ADMINISTRATION FINANCIÈRE	DATE OF ISSUE - DATE D'ÉMISSION
2	3	4	5
2	3	4	5

INITIALS ON NO. - INITIALES DU N°	DATE OF ISSUE - DATE D'ÉMISSION	DATE OF DEMISSION - DATE DE DÉMISSION
1	2	3
1	2	3

DEPARTMENTAL USE - AL USAGE DU MINISTÈRE	4
--	---

DEPARTMENTAL USE - AL USAGE DU MINISTÈRE	4
--	---

DEPARTMENTAL USE - AL USAGE DU MINISTÈRE	4
--	---



Government  
of Canada

Gouvernement  
du Canada

MEMORANDUM

NOTE DE SERVICE

TO  
A

TO BE OPENED ONLY BY:

D.O.P.

FROM  
DE

EXECUTIVE OFFICER

SUBJECT  
OBJET

MR. MARCEL CADIEUX - SPECIAL ADVISOR

REVIEWER.....

SEP 28 1978

ADMIN. RECORDS

SECURITY - CLASSIFICATION - DE SÉCURITÉ
CONFIDENTIAL
OUR FILE - N/RÉFÉRENCE
YOUR FILE - V/RÉFÉRENCE
DATE 78-09-21

*Mr. Cadieux's home tel  
# 523-2743*

1. Attached is a copy of P.C. 1978-2899 dated 78-09-19 in both official languages appointing Mr. Marcel Cadieux Special Advisor to the Commissioner and Director General Security Service, as well as setting his salary at \$66,500 per annum. Please note that the appointment is effective 78-09-08.

2. Attached is a copy of my self-explanatory memo to file dated 78-09-15, which I would suggest form part of Cadieux's Public Service file. Please note paragraph 4 of the attachment concerning pay. Would you please take immediate action to commence pay for Mr. Cadieux and explore the possibility of providing interim pay pending normal processing.

3. The Deputy Commissioner (Admin.) has requested that you contact Mr. Bild, Director of Personnel for External Affairs, telephone number 2-5317, or Mr. Peter Walker at #2-3501, advising that the Order-In-Council has been approved effective 78-09-08. Also, that the necessary transfer action should be effected including transfer of his file and appropriate notification to the Central Pay office.

*W. Schramm, Supt.,  
Executive Officer.*

ATT.

*21/9/78*

*0 1/2 P.S.D. 15.*

*(i) NOTE PARAS 2 & 3 ABOVE.*

*(ii) I SPOKE WITH MR. BILD WHO WILL TRANSFER FILE & STOPPAGE OF PAY.*

*(iii) (WOODER) - WOODER - WE GET THIS FILE*

*1) Commence pay & check with CADIEUX's office - 283*  
*2) DETERMINE PAY INTERIM PAY - HR - ADAM - W.S.H. for no know*

*Jan  
Spoke to Mr. Cadieux - simply  
ensure that he gets his regular  
pay cheque of the 29th Sept thought  
E.H. a expedite payment  
for his adjustment  
with also from 78-09-08  
also ensure  
at 11:00 AM*



Government  
of Canada

Gouvernement  
du Canada

MEMORANDUM

NOTE DE SERVICE

TO  
A

MEMO TO FILE

FROM  
DE

EXECUTIVE OFFICER

SUBJECT  
OBJET

MR. MARCEL CADIEUX - SPECIAL ADVISOR

RECEIVED  
SEP 28 1978  
ADMIN. DES AFF. INT.

SECURITY CLASSIFICATION - DE SECURITE
CONFIDENTIAL
OUR FILE - N° REFERENCE
YOUR FILE - V° REFERENCE
DATE 78-09-15

1. On 78-09-14, I delivered to the Solicitor General of Canada the submission to the Governor General in Council dealing with the appointment of Mr. Cadieux and establishing his salary. After Mr. Blais signed the document, I delivered it to Mr. Henri Chassé, Assistant Clerk of the PCO. In all likelihood, it will come before the Priorities and Planning Committee of PCO for approval on Tuesday, 78-09-19. Upon my return to the office, I telephoned Mr. Ronald Veilleux, in response to a message left for me. He is employed in the Senior Personnel Secretariat of PCO (#2-8992). Veilleux contacted Mr. Cadieux (3-7992) who requested that his appointment be effective 78-09-08 in lieu of 78-09-15, as that is the date he returned to Canada and he does not wish a "break" in his pay. (Mr. Cadieux was the Canadian Ambassador in Brussels and Negotiator on Law of the Sea.) I advised Veilleux that my understanding was that the appointment was to be effective 78-09-15 and, therefore, I would be required to discuss this matter with Deputy Commissioner Beiersdorfer or the Commissioner, and I would advise him of the results.

2. I discussed this matter with Commissioner Simmonds who advised me that in accordance with his discussions with Mr. Cadieux, the appointment was to be effective 78-09-15 and he could not approve an effective date of 78-09-08. However, he would not stand in the way if PCO saw fit to make the effective date 78-09-08.

3. In the AM of 78-09-15, I advised Veilleux of the Commissioner's comments contained in paragraph 2 supra. He stated that he would make the Commissioner's comments known to his superior, Gordon Smith of PCO, who is the Deputy Secretary to Cabinet Plans.


*Levan*

...2/

- 2 -

4. This afternoon Veilleux telephoned me and advised that PCO will make the appointment effective 78-09-08 and they, PCO will amend the submission. I replied; "Fine, as long as it is understood that the Commissioner does not support that date". He verified that it was understood. The reason being that when Mr. Cadieux returned to Canada on 78-09-08, his Overseas Allowances, which were attractive, terminated and if his new salary is effective 78-09-08, he will not be losing any pay. Mr. Cadieux requested through Veilleux that we endeavour to ensure that he gets paid on the next Public Service pay day, as he needs the money. I pointed out that we did not have Governor-in-Council approval, however, he thought that this would not present a problem in providing interim pay. I requested that after the Order-in-Council is approved on Tuesday, it be forwarded to me as quickly as possible and we will do what we can.

5. The Commissioner and Deputy Commissioner (Admin.) have been apprised of developments.

  
W. Schramm, Supt.,  
Executive Officer.

The SPECIFIC SALARY of any person named in the attached Order in Council is CONFIDENTIAL INFORMATION. It must not be divulged to unauthorized personnel.

Le TRAITEMENT PRECIS de toute personne dont le nom est mentionné dans le décret ci-annexé constitue un RENSEIGNEMENT CONFIDENTIEL qui ne doit être divulgué à aucun employé non autorisé à le connaître.

Please attach a copy of this notice to any duplicate which you may make of the Order in Council.

Prière de joindre un double du présent avis à toute photocopie du décret qui pourra être faite.



P.C. 1978-2899  
19 September, 1978

PRIVY COUNCIL • CONSEIL PRIVÉ

HIS EXCELLENCY THE GOVERNOR GENERAL

IN COUNCIL, on the recommendation of the  
Solicitor General, is pleased hereby to  
appoint Mr. Marcel Cadieux to be Special  
Adviser to the Commissioner and Director  
General, Security Service, of the Royal  
Canadian Mounted Police, and to fix his  
salary at a rate set out in the schedule  
hereto, which salary is within the range DM 3  
(\$58,800 - \$73,200), effective September 8,  
1978.

CERTIFIED TO BE A TRUE COPY - COPIE CERTIFIÉE CONFORME

A handwritten signature in dark ink, appearing to read "P. J. Pettiford".



C.P. 1978-2899  
19 septembre 1978

PRIVY COUNCIL • CONSEIL PRIVÉ

Sur avis conforme du Solliciteur général,  
il plaît à Son Excellence le Gouverneur général en  
conseil de nommer par les présentes M. Marcel Cadieux,  
Conseiller spécial auprès du Commissaire et du  
Directeur général de la sécurité, Gendarmerie  
royale du Canada et de fixer son traitement à  
compter du 8 septembre 1978 au taux mentionné à  
l'annexe ci-après, lequel se situe dans la fourchette  
DM 3 (\$58 800 - \$73 200).

CERTIFIED TO BE A TRUE COPY - COPIE CERTIFIÉE CONFORME

SCHEDULE

The annual salary of Mr. Marcel Cadieux,  
Special Adviser to the Commissioner and Director  
General, Security Service, of the Royal Canadian  
Mounted Police, shall be \$66,500, effective  
September 8, 1978.

ANNEXE

Le traitement annuel de M. Marcel Cadieux,  
Conseiller spécial auprès du Commissaire et directeur  
général de la sécurité, Gendarmerie royale du  
Canada sera de \$66 500 à compter du 8 septembre  
1978.

REVIEWER.....

SEP 28 1978

ADMIN. RECORDS

Ottawa, Ontario K1A 0P8

Mr. Henri Chassé,  
Assistant Clerk of the Privy Council,  
Privy Council Office,  
Langevin Block,  
Ottawa, Ontario.  
K1A 0A3

Dear Mr. Chassé:

You will find attached the Submission to the Governor in Council and the related Pay Schedule for the appointment of Mr. Marcel Cadieux to the position of Special Adviser to the Commissioner and the Director General, Security Service, of the Royal Canadian Mounted Police, effective September 15, 1978.

Yours sincerely,

Jean-Jacques Blais.

Bl  
JMB  
001373

Submission to the Governor-in-Council

The undersigned is pleased to recommend to His Excellency the Governor-in-Council, the appointment of Mr. Marcel Cadieux to be Special Adviser to the Commissioner and Director General, Security Service, of the Royal Canadian Mounted Police, and to fix his salary at a rate set out in the Schedule hereto, which salary is within the range, D.M. 3, \$58,800. to \$73,200. effective 1978 September 15.

Jean-Jacques Blais.

Date:

Pay Schedule

The annual salary of Mr. Marcel Cadieux,  
Special Adviser to the Commissioner and Director General,  
Security Service, of the Royal Canadian Mounted Police,  
has been fixed at the rate of \$66,500. per annum, to be  
effective 1978 September 15.

## TRANSIT SLIP

DATE 13/9

TO: The Commission FROM: D/Com (CL)  
 TO: \_\_\_\_\_ FROM: \_\_\_\_\_  
 TO: D/DOP (P) FROM: DOP 18/9  
 TO: \_\_\_\_\_ FROM: \_\_\_\_\_  
 TO: \_\_\_\_\_ FROM: \_\_\_\_\_

☐ COMMENTS☐ PREPARE BRIEF REVIEWER 84☐ CHECK RECORDS☐ PERUSAL & NO ACTION REQUIRED☐ SEE SENDER

SEP 28 1978

☐ INSTRUCTIONS☐ EXAMINATION AND ACTION☐ MAKE FILE(S)

ADMIN. RECORDS

☐ PREPARE REPLY☐ RETURN WITH CURRENT FILE

## REMARKS

I was under the clear impression that  
 the PCO's office would be making the  
 Order-in-Council return. Evidently this  
 is not so. I am told that do however  
 have the exclusion order for the PS Comm.

## REPLY

Pay Schedule came from PCO's office.

If you concur, will ask Sgt Schuman  
 to refer the St. Bis' office under  
 urgent cover, for signature & delivery  
 to PCO's office

x.O.

Please proceed with this

18/9

- FOR RETURN TO

1/2 PSPB

21/11/78  
 001376

• HANDWRITE - ÉCRIRE À LA MAIN

Classification / Classification  
Confidential / Confidential

1	TO - À D.O.P.	FROM - DE O. H. PSPB	DATE 18-09-12
2			
3		DOP	12/9.
4			

SUBJECT - SUJET  
Order in Council App't and Secretary to the App't.

REVIEWER.....

- ☐ Comments  
Commentaires
- ☐ Prepare Reply  
Réponse à rédiger
- ☐ Make File(s)  
Dossier(s) à ouvrir
- ☐ Return with Current File  
Retourner avec le dossier courant
- ☐ Check Records  
Vérifier les archives
- ☐ Perusal - No action required  
Pour information - aucune suite requise
- ☐ Prepare Brief  
Exposé à préparer
- ☐ ADMIN. -
- ☐ Examination and Action  
Pour examen et suite
- ☐ See Sender  
Voir l'expéditeur

REMARKS - COMMENTAIRES

I have spoken with the P.C.O. and they are still waiting for the submission to the Governor in Council. Please submit to the D/Comm's office the following attachments for the Solicitor General's signature.

- Submission to the Gov-in-Council and schedule of pay
  - Covering letter to the Asst Clerk of the Privy Council.
- All information contained in the above have been verified with P.C.O. and the Commissioner's secretariat.

The secretary's position to the advisor has been classified at the Sec 3 level. Once M. Fadden is in place he may want to reassess the situation. All correspondence (P. Fleming to the Mayor) explains more fully.

REPLY - RÉPONSE

1. Letter for Minister's SIGNATURE to Asst Clerk P.C.O.
  2. TWO ATTACHMENTS - (i) Submission to G/C (ii) Related PM Schedule.
  3. WORKING ON ATTACHMENTS WAS SUGGESTED BY P.C.O.
  4. NOTE COMMENTS re SECRETARY POSITION: BELOW
- P.S. I have also attached the previous correspondence on this matter.

A-5 (4/77) 7530-21-029-4767



ROYAL CANADIAN MOUNTED POLICE  
GENDARMERIE ROYALE DU CANADA

TRANSIT SLIP

FICHE DE SERVICE

PA	Initial - Initiales	Date
		001377



Government  
of Canada

Gouvernement  
du Canada

MEMORANDUM

NOTE DE SERVICE

TO  
A

Superintendent Schramm,  
Executive Officer,  
Office of the Commissioner.

FROM  
DE

Sharon Fleming,  
Head, Staffing Section

SUBJECT  
OBJET

Position RCMP-AO-282 -  
ST-SCY-3

SECURITY - CLASSIFICATION / DE SÉCURITÉ
CONFIDENTIAL
OUR FILE - N/RÉFÉRENCE
YOUR FILE - V/RÉFÉRENCE
DATE
78 September 11

SEP 11 1978  
MIN. RECORDS

We have reviewed a list of employees with bilingual shorthand and typing skills in order to identify potential interim candidates for Position AO-282. Neither the individuals nor their supervisors are aware that they are under consideration for this position.

Documentation has been prepared to initiate a competition to fill this vacancy when it is advisable. However, this process will take two to three months and an interim appointment, either acting or term, would meet the immediate requirements:

Danielle Tourangeau - ST-SCY-2 Term  
RCMP-OP-25R  
"P" Directorate  
Security Systems  
Presently working for  
Inspector Barkhouse.

Denise Careau - In the process of being  
hired (awaiting security  
clearance).  
ST-SCY-3 Indeterminate  
RCMP-OC-108  
"C" Directorate  
Criminal Intelligence Services, Canada  
To work for Inspector Brière.

Resumés of Mrs. Tourangeau and Mrs. Careau have been enclosed for your perusal. Do not hesitate to contact me personally (3-2675) should you require further information.

(Mrs.) Sharon M. Fleming,  
Head, Staffing Section,  
Public Service Personnel Branch.

SMF:ms

Government  
of Canada

Gouvernement  
du Canada

MEMORANDUM

NOTE DE SERVICE

TO  
A

Insp. L.B. Ecklund,  
Officer in Charge,  
Establishment Branch.

FROM  
DE

Michel Séguin,  
Officer in Charge,  
Public Service Personnel Branch

SUBJECT  
OBJET

Order-in-Council Appointment

Following the D.O.P.'s request (attached) that we discussed yesterday, I have verified this with Marcel Gingras of the Public Service Commission and Ronald Veilleux of the P.C.O. as to the procedures to recommend an order-in-council appointment to the Governor General in Council.

2. Since I learned that this appointment was to be an Order-in-Council appointment at the DM-3 level, the following procedures should be followed:

Two recommendations have to be simultaneously presented to the Cabinet:

- (1) An Exclusion Order recommended by the Chairman and Commissioners of the P.S.C.;
- (2) an Order-in-Council appointment recommendation by the Solicitor General.

3. These two recommendations have to be sent to Mr. Henri Chassé, Assistant Clerk of the Privy Council who will forward them to Cabinet. Mr. Gingras has agreed to forward both of these recommendations to Mr. Chassé for us.

(1) EXCLUSION ORDER-

We will need to provide the Public Service Commission the following information:

- a) position
- b) title
- c) duration of term, if any
- d) name of appointee.

SECURITY - CLASSIFICATION - DE SÉCURITÉ	
CONFIDENTIAL	
OUR FILE - N/RÉFÉRENCE	REVIEWER <i>g4</i>
YOUR FILE - V/RÉFÉRENCE	SEP 28 1978
DATE	ADMIN. RECORDS
78-08-18	

*[Handwritten signature]*  
14  
0001379

- 2 -

We may send the request direct to Mr. Gingras or the Commissioner may wish to send his request to Mr. Gallant, Chairman of the Public Service Commission. The attached Appendix "A" is an example of the request we should send to the P.S.C.

(2) Order-in-Council

The Order-in-Council recommendation to be signed by the Governor General in Council is attached as Appendix "B". It should be forwarded to P.C.O. under the recommendation of the Solicitor General; Appendix "C" represents the suggested format for this recommendation.

If you need further assistance, please do not hesitate to contact me.

001381

APPENDIX "B"

His Excellency the Governor-in-Council,  
on the recommendation of the Solicitor General, is pleased  
hereby to appoint Mr. \_\_\_\_\_ to be \_\_\_\_\_  
(name) (title)  
of the Royal Canadian Mounted Police, and to fix his salary  
at a rate set out in the Schedule hereto, which salary is  
within the range, D.M. 3, \$58,000 to \$73,800, effective  
\_\_\_\_\_  
(date)

SCHEDULE

The annual salary of Mr. \_\_\_\_\_  
(name)

\_\_\_\_\_ to the Commissioner of the Royal Canadian Mounted  
(title)

Police should be effective \_\_\_\_\_  
(date)

FROM DE

DATE

1		1 / 1 (rel.)	17/8
2			
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4			
SUBJECT - MATIERE			

REVIEWER

SEP 28 1978

ADMIN. RECORDS

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Comments<br>Commentaires  | <input type="checkbox"/> Prepare Reply<br>Réponse à rédiger | <input type="checkbox"/> Make File(s)<br>Dossier(s) à ouvrir                           |
| <input type="checkbox"/> Forward - No action required<br>Pour information - aucune suite requise | <input type="checkbox"/> Prepare Brief<br>Lapsus à préparer | <input type="checkbox"/> Return with Current File<br>Retourner avec le dossier courant |
| <input type="checkbox"/> Examination and Action<br>Pour examen et suite                          | <input type="checkbox"/> See Sender<br>Voir l'expéditeur    | <input type="checkbox"/> Check Records<br>Vérifier les archives                        |

REMARKS - COMMENTAIRES

REPLY - RÉPONSE

Should you establish 2 P/S positions (new),  
to permit more for  
Secretariat.

2 P/S positions (new),  
Reliefs for the Commis's

One of the positions will be a stenographic  
which I will discuss with you.

The other position will be subject to exclusion  
for P/S classification and staffs. It will be  
staffed by an officer in Civil Appointment.

Should you check P/SO Branch and make appropriate  
inquiries regarding documentation needed etc. to  
get a Decision Order for signature of the 3 Commis's.  
A. Brian Lingard (Branch - 593-4803?) at the PSC.  
may be able to provide info. as soon as you

4-E 1477 7530-21-029-4767

ÉCRIRE À LA MAIN

1	FROM	DATE
2		
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SUBJECT		

- |   |   |  |
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| <input type="checkbox"/> Comments<br>Commentaires   | <input type="checkbox"/> Prepare Reply<br>Réponse à rédiger | <input type="checkbox"/> Make 3 (dots)<br>Dossier(s) ouvert                            |
| <input type="checkbox"/> Passed - No action required<br>Pour information - aucune suite requise | <input type="checkbox"/> Prepare Brief<br>Exposé à préparer | <input type="checkbox"/> Return with Correct File<br>Retourner avec le dossier correct |
| <input type="checkbox"/> Examination and Action<br>Pour examen et suite                         | <input type="checkbox"/> See Sender<br>Voir l'expéditeur    | <input type="checkbox"/> Check Records<br>Vérifier les archives                        |

REMARKS - COMMENTAIRES

REPLY - RÉPONSE

I have the info, please let me know &  
I'll give more details as submission as the  
prepared.

*[Signature]*

4-5 (4 77-7539-21-029-4767)



ROYAL CANADIEN  
MONTED POLICE

LE DÉPARTEMENT ROYAL  
DE LA MONTED

TRANSIT  
SLIP

FICHE  
DE SERVICE

PA

Initial - Initiales

Date

001385

• HANDWRITTEN ÉCRIT À LA MAIN

REVIEWER

SEP 28 1978

ADMIN. RECORDS

DATE

1/2c EXTRAIS

D.O.P.

17/8

SUBJECT SUJET

REINE POSITION - EXCLUSION FROM P/S CLASSIFIED

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Comments<br>Commentaires  | <input type="checkbox"/> Prepare Reply<br>Réponse à rédiger | <input type="checkbox"/> Make File(s)<br>Dossier(s) à ouvrir                           |
| <input type="checkbox"/> Forward - No action required<br>Pour information - aucune suite requise | <input type="checkbox"/> Prepare Brief<br>Exposé à préparer | <input type="checkbox"/> Return with Current File<br>Retourner avec le dossier courant |
| <input type="checkbox"/> Examination and Action<br>Pour examen et suite                          | <input type="checkbox"/> See Sender<br>Voir l'expéditeur    | <input type="checkbox"/> Check Records<br>Vérifier les archives                        |

REMARKS - COMMENTAIRES

REPLY - RÉPONSE

1- 1500000 TWO  
INDICATED

REINE POSITION AS

2- PLEASE DISCUSS WITH 1/2 P/PTS  
+ Give me a WRITTEN SUBMISSION  
AS TO PROCEDURE AND AUTHORITY  
FOR AN EXCLUSION ORDER.

3- PLEASE TREAT AS URGENT

Ben ECHENARD - Volume 117  
- 39640

001386

RECORDS MANAGEMENT - C.I.B. CLASSIFICATION AND CHECK SHEET  
GESTION DES DOSSIERS - FEUILLE DE CLASSEMENT ET DE CONTRÔLE DU SEJ

CLASSIFIER		CLASSIFICATEUR
INITIALS - INITIALES	DATE	
<i>Amw</i>	<i>27-9-78</i>	
FILE NO - NO DU DOSSIER		
<i>PJ 12246</i>		

NAME - NOM

*Ladieu Marcel*

*engaged 8-9-78*

*SIN. 416-915-601*

**CARDED**

ADDRESSES - ADRESSES

*Ottawa*

DATE AND PLACE OF BIRTH - DATE ET LIEU DE NAISSANCE

F.P.S.

CHECKED - VÉRIFIÉ

INITIALS - INITIALES

DATE

*17-6-15*

FILE REFERENCES - DOSSIERS À CONSULTER

FILE REFERENCES - DOSSIERS À CONSULTER

CADIEUX, Marcel (Mr.)  
FULL NAME (SURNAME FIRST) - NOM ET PRÉNOMS

POSITION No. WHEN S.O.S.  
NUMÉRO DU POSTE LORS DE  
LA RADNATION

PREVIOUS SERVICE  
SERVICE ANTERIEUR

PREVIOUS SERVICE	Affairs
SERVICE ANTERIEUR	External

SOC. INSUR. No.  
ASSURANCE SOCIALE No

BIRTHDATE	NAME	RELATIONSHIP	STATUS
1945-01-15	JOHN DOE	SON	DECEASED
1948-03-22	JANE DOE	DAUGHTER	DECEASED
1952-07-10	ROBERT DOE	SON	DECEASED
1955-11-05	MARY DOE	DAUGHTER	DECEASED
1958-09-18	CHARLES DOE	SON	DECEASED
1962-04-01	ELIZABETH DOE	DAUGHTER	DECEASED
1965-12-12	WILLIAM DOE	SON	DECEASED
1968-08-25	ANNE DOE	DAUGHTER	DECEASED
1972-02-14	THOMAS DOE	SON	DECEASED
1975-10-30	SARAH DOE	DAUGHTER	DECEASED
1978-06-08	DAVID DOE	SON	DECEASED
1982-03-17	JENNIFER DOE	DAUGHTER	DECEASED
1985-11-29	CHRISTOPHER DOE	SON	DECEASED
1988-07-03	AMANDA DOE	DAUGHTER	DECEASED
1992-01-20	ANDREW DOE	SON	DECEASED
1995-05-05	EMILY DOE	DAUGHTER	DECEASED
1998-09-12	MICHAEL DOE	SON	DECEASED
2002-03-28	STEPHANIE DOE	DAUGHTER	DECEASED
2005-12-10	DANIEL DOE	SON	DECEASED
2008-08-22	ASHLEY DOE	DAUGHTER	DECEASED
2012-04-15	NOAH DOE	SON	DECEASED
2015-11-01	SOPIHIA DOE	DAUGHTER	DECEASED
2018-07-18	LUKAS DOE	SON	DECEASED
2022-02-05	ISABEL DOE	DAUGHTER	DECEASED

BIRTHDATE + DATE DE-NAISSANCE

REMARKS - OBSERVATIONS

☒ YES ☐ NO

NO	NON	SALARY - SALAIRE
<input type="checkbox"/>	<input type="checkbox"/>	

416-915-601  
REMARKS - OBSERVATIONS

DATE 915

DATE	SALARY -
1915-June 17	

Continuous Service  
Trans-in Ext. Aff. &  
Promoted DM-3

1941-8-21

1978-9-8	\$66500.
----------	----------

37.5

Salary Increase

1979-4-1 \$72,900.

RETIRE TO AN IMMEDIATE ANNUITY EFFECTIVE: 79-12-29

- 28 weeks + \$39,121.43

- 218.75 dys (150.75 annual - 25

furlough - 43 E.V.) = \$61,127.24

001388

Sub 37.5	INCREASE - AUGMENTATION	M
----------	-------------------------	---

APRIL	JULY
AVRIL	JUILLET
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OCT.

JIAN.

CLASSIFICATION -  
DM-3

45733  
SUPERANNUATION

035/1217  
PAYLIST No.

PS

40792

M

2

CADIEUX, Marcel (

CADIEUX, Marcel (Mr.) M <del>AA-28t</del>		P.S. 12246 FILE NO. - DOSSIER NO		035/1217 PAY LIST NO. FEUILLE DE PAYE NO		SUPERANNUATION NO. PENSION DE RET. NO	
FULL NAME (SURNAME FIRST) - NOM ET PRÉNOMS		PREVIOUS SERVICE SERVICE ANTERIEUR External Affairs <input checked="" type="checkbox"/> OUI <input type="checkbox"/> NON		SOC. INSUR. NO. ASSURANCE SOCIALE NO		BIRTHDATE - DATE DE NAISSANCE	
POSITION No. WHEN S.O.S. NUMERO DU POSTE LORS DE LA RADATION CS-4		DATE		REMARKS - OBSERVATIONS		1915-June 17 DATE	
REMARKS - OBSERVATIONS		SALARY - SALAIRE		REMARKS - OBSERVATIONS		SALARY - SALAIRE	
Continuous Service 1941-8-21							
Trans-in Ext Aff. & Promoted DM-3		78-09-08					
Salary Increase		79-04-01					
CADIEUX --ADVICE MR. LYNCH OF F.M.B. OF ANY CHANGE OF SALARY IN ORDER THAT COST SHARING MAY BE ADJUSTED WITH EXTERNAL AFFAIRS.							
Original card in Jan's office							
INCREASE - AUGMENTATION		OCT.		JULY JUILLET		JAN.	
APRIL AVRIL						CLASSIFICATION DM-3	