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Choose an item.

Choose an item. (if applicable)

Choose an item. (mandatory)

**MEMORANDUM TO THE MINISTER OF EMPLOYMENT, WORKFORCE DEVELOPMENT AND DISABILITY INCLUSION**

**Subject**

*(identical to the one created in WebCims)*

Please follow this format (to be centred, bold, and in both official languages)

English title, capitalize the first letter of each word as per writing convention

*1 blank line*

French title, capitalize the first letter of the first word - follow the [linguistic guide](http://www.btb.termiumplus.gc.ca/redac-chap?lang=eng&lettr=chapsect3&info0=3.3.41)

**For Approval By [insert date]**

*(Notes for approval provide a single or several distinct recommendations)*

**Summary**

* The Treasury Board of Canada Secretariat (TBS) officials have reviewed the Treasury Board (TB) submission and recommend its approval.
* If you are in agreement with the submission, please sign the attached transmittal letter (Tab 1) and the cover page of the TB submission (Tab 2) by [insert date], in order to meet the deadline for consideration at the insert date of meeting of TB Ministers.

**Background** (mandatory)

**Current Status** (mandatory)

**Next Steps** (mandatory)

**Recommendation** (mandatory)

* If you are in agreement with the submission, please sign the attached transmittal letter (Tab 1) and the cover page of the TB submission (Tab 2) by [insert date], in order to meet the deadline for consideration at the insert date of meeting of TB Ministers.

*(five (5) blank lines before the Deputy Minister’s signature block)*

Deputy Minister

Executive Head: Insert name

Telephone Number

□ I would like an oral briefing.

□ I would like \_\_\_\_\_\_\_\_\_\_\_\_\_ of my staff to be briefed.

□ No briefing required.

|  |  |  |
| --- | --- | --- |
| I approve: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Carla Qualtrough | \_\_\_\_\_\_\_  Date |
| I do not approve:  Attachment(s): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Carla Qualtrough | \_\_\_\_\_\_\_  Date |