

SUBSTITUTE TEACHER - REQUIRED DOCUMENTS

****PLEASE ONLY SUBMIT THESE REQUIRED DOCUMENTS IF YOU HAVE RECEIVED A LETTER STATING YOU HAVE BEEN APPROVED FOR PLACEMENT ON THE SUBSTITUTE LIST****

Thank you for applying to be a substitute teacher in Prairie Spirit School Division No. 206. In order for us to complete the process of your application, please submit the following forms to our Division Office:

Prairie Spirit School Division

Box 809

Warman, SK

S0K 4S0

ATTN: Jeannie Coutts

Once we have received your completed forms and an **original** Criminal Record Check (with Vulnerable Sector Search – no more than six months old) we will mail you a letter letting you know that your name has been added to the substitute list. If you have any questions please feel free to contact us at 306-683-2800. If you would like assistance completing the forms please contact Jeannie Coutts at 683-2813 or by e-mail at jeannie.coutts@spiritsd.ca to set up an appointment.

Please note that as a teacher sub should you sub in the same position for more than 5 consecutive days, you will be paid at STF salary grid rate. In order for us to properly place you on the STF salary grid we would need to have a copy of your transcripts as well as recognition of teaching experience. Should you not provide this information your grid pay would be based on Class IV step 1.

Teacher Information Sheet

1. **Personal Information**

Name in Full

(Mr., Ms., Mrs., Miss)

_____ (Surname) _____ (Given Name)

Maiden Name(if applicable)

Next of Kin _____ Relationship _____ Phone _____

_____ (Emergency use only)

2. **Classification**

Please indicate below the degrees you currently hold. As per *The Education Act* please provide the school division with copies of your transcripts issued after convocation. Photocopies are acceptable. If transcripts are not included with your paperwork you will automatically be placed at Class IV on the teacher classification grid until completed transcripts are received.

Because of my post-secondary education, my salary classification is Class _____.

Degree held: _____ Date Completed: _____

Degree held: _____ Date Completed: _____

Degree held: _____ Date Completed: _____

Degree held: _____ Date Completed: _____

3. **Incremental Experience**

In order to establish your incremental step on the salary grid, we require proof of your teaching experience. In this package we have enclosed herewith a Teachers' Record of Experience and Accumulated Sick Leave form to be completed by your previous employer(s) and forwarded to us for this purpose. We also request that you complete the following chart outlining your past experience which you are claiming for salary purposes:

Name of School Board	Dates of Employment	No. of years/days
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Service Claimed _____

4. **General**

If you have already complied with some of the above requests, you need not do it again, but be sure to note on the form that the information we require is already on file. It is important that the above information be completed and returned to us as soon as possible but no longer than **120 days** past your hire date to ensure proper placement on the salary grid.

I hereby certify that the information given on this form is true and correct in all respects.

Signed and dated this _____ day of _____, 20____.

(Signature of Teacher)

The information collected on this form will be kept confidential and will not be released except in compliances with the provisions of The Local Authority Freedom of Information and Protection of Privacy Act. Information may be shared with other parties such as school divisions, government agencies, and our insurers, but only to the extent required to provide necessary services. If you have any concerns, questions, or objections, please contact the Director of Education.

(Revised May 2012)

Grade Level & Subject Area Information:

Major(s): _____

Minor(s): _____

Please include only subjects and grade levels that you are qualified and willing to teach:

Other subjects: _____

Grade Levels: Pre-K/Kindergarten Elementary (1-5) Middle Years (6-9) Secondary (10-12)

Languages: English French Other (please specify): _____

Retirement/Retirement Plan Information:

a) Please indicate:

Formula Plan (taught prior to July, 1980) **OR** Saskatchewan Teachers' Retirement Plan (taught following July, 1980)

b) Have you superannuated? Yes No

ELECTRONIC PAYROLL DISTRIBUTION DATA

- We require all employees to complete and sign this form. We will not be able to process your pay until it is provided.
- All employees are paid by direct deposit to their bank accounts.
- Either attach a "void" cheque and complete Section A or complete Section A and have your financial institution complete Section B.
- If you change banks or want your pay deposited to a different account, you must complete a new form and forward it to the Payroll Department at least 10 days before payroll issue.

Name:

Last Name	First Name	Middle Name
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Address:

P.O. Box / Street Address	Town	Postal Code
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Telephone:

Home	Work	Cell
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Section A (to be completed by employee):

I, _____, hereby authorize Prairie Spirit School Division through the Royal Bank, to make deposits to my Account Number as listed below. I will advise you of any changes in this regard and the authorization is to remain in effect until cancelled in writing.

Signature of Employee	Date
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Section B (to be completed by financial institution *only* if you do not attach a "void" cheque):

Financial Institution:	
Full Address:	
Bank Number:	Branch Transit Number:
Account Number:	

Signature of Employee	Date
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Financial Institution Representative's Signature	Date
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ADMINISTRATIVE POLICY No. 501

IMPLEMENTATION FALL 2007

RECRUITING AND PLACEMENT

All personnel appointed to staff in Prairie Spirit School Division are to be of exemplary character and possess competency in the skills required for their positions. It is understood that they have been hired to assist the Board of Education in carrying out its vision, mission, and goals in accordance with Prairie Spirit School Division's beliefs and guiding principles.

PROCEDURES

7. Criminal Records Check

- a. An original, current (within six months) criminal records check, including a vulnerable sector check, is required from:
 - Any applicant being recommended for employment with Prairie Spirit School Division.
 - Any person who is a non-parent and is acting as a volunteer for school sponsored activities in Prairie Spirit School Division.
 - Any person acting as a volunteer for school sponsored activities that have direct or sole responsibility for providing supervision of students.
 - Any person acting as a volunteer for school sponsored overnight activities.

Parent volunteers (including grandparents or legal guardians) who are providing services under the direct supervision of a Prairie Spirit employee do not require a criminal records check. Parent, grandparent and legal guardian volunteers may be asked to provide personal references from known members of the community or, in lieu of meeting these requirements, may be required to provide a criminal record check.

- b. The criminal records check as it pertains to recommendations for suitability of employment, or voluntarism includes:
- All criminal convictions, under *The Criminal Code of Canada*, *The Narcotics Control Act*, *The Controlled Drug and Substances Act, 1996*, and *The Food and Drugs Act, 1985*. Conviction means the final judgment on a verdict or a finding of guilty, or a plea of guilty. Conviction does not include a final judgment which has been reversed, set aside, or otherwise rendered invalid.
 - A search of the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if the applicant has been convicted of, and has been granted a pardon for, any of the offences that are listed in the schedule to the *Criminal Records Act*. Failure to cooperate in providing a criminal records check, or submission of an inaccurate, false, misleading, or incomplete criminal records check, constitutes grounds for termination of employment, refusal to offer employment, or withdrawal of any offer of employment, or voluntarism.
- c. Applicants may attach a statement of explanation to the criminal records check submitted outlining relevant circumstances.
- d. In situations where the applicant has submitted the original criminal records search form completed by the local city police, Corman Park police or the RCMP, which indicates that a request for a criminal records search by fingerprints has been made and the applicant has provided satisfactory explanation of the need for the fingerprint verification, an extension of time may be granted.
- e. Criminal records checks submitted, which include conviction will be assessed by the Director or designate taking into consideration matters such as:

- The nature and particulars of the criminal conviction;
 - The age of the individual when the events in question occurred;
 - Any extenuating circumstances as provided by the applicant;
 - The time that has elapsed between the conviction and the employment application, and the activities of the individual during that interim period;
 - The rehabilitative measures undertaken by the individual since the conviction and the commitment the individual has to rehabilitation and to refraining from criminal activities and,
 - The relationship of the conviction to the position for which the person is applying.
- f. Any appeal of the decision of the Director or designate is to be made in writing to the Director within fifteen days of the notification of the termination of employment or voluntarism, the refusal to offer employment, or the withdrawal of any offer of employment.
- g. Results of the criminal records check are to be kept in the employee's personnel file.
- h. The applicant is responsible for any costs associated with the obtaining of the criminal records check.
- i. Any employee who receives a pardon, or who is successful in having a criminal conviction record expunged, may submit a new criminal records check. In such cases, the previously submitted criminal records check is to be returned to the employee upon request.
- j. The following question and statement are to be included on all application forms utilized for the recruitment of staff:

Have you ever been convicted of an offence or do you currently have any charges pending under *The Criminal Code of Canada, The Narcotics Control Act, The Controlled Drug and Substances Act, 1996 or The Food and Drugs Act, 1985?*
_____ Yes _____ No

If yes, please indicate the nature of the offence(s), the date(s), and place(s) of the sentence(s) imposed (if applicable).

I will provide the results of a criminal records check which includes a vulnerable sector check.

Signature:

- k. When necessary, applicants who have not submitted a criminal records check may be placed in employment for up to seven days on a temporary basis, pending the division's receipt of the results of their criminal records check. That time may be extended in exceptional circumstances by the Director or designate. Failure to provide the results of a criminal records check within the specified period of time shall result in the termination of employment of the temporary employee.
- l. In situations where the applicant has submitted the original criminal records search form completed by the local city police, Corman Park police or the RCMP, which indicates that a request for a criminal records search by fingerprints has been made, and that the applicant has provided satisfactory explanation of the need for the fingerprint verification, an extension of time may be granted.
- m. In situations where the applicant is requesting casual employment or volunteer placement, the results of the criminal records search are to be submitted before any placement.

8. Reporting Criminal Charges

- a. All employees of Prairie Spirit School Division and all persons who have been required to provide a criminal records check are required to sign a statement indicating that they have received a copy of these procedures and that they understand their provisions.

- b. No later than two working days after having been charged with an offense, any person referenced in this procedural statement is to inform orally, and subsequently in writing, the Director of Education of all charges laid.
- c. A submission outlining relevant circumstances may be attached by the person to the written information.
- d. Upon receipt of the information, the Director or designate is to investigate the circumstances.
- e. Failure to disclose charges, provide a written statement, or submission of inaccurate, false, or misleading statements, constitutes grounds for disciplinary action, up to and including termination of employment, in accordance with the provisions of the employee's contract of employment, or refusal of permission to act as a volunteer for school sponsored activities.
- f. Subject to the provisions of *The Education Act, 1995* and the provisions of the relevant collective agreement or contract of employment, the Board may, in its discretion, transfer, reassign, or terminate the employment of an employee who is not in compliance with the provisions of the procedures of this policy.
- g. Any action taken by the Board with respect to an employee is to be conveyed to the employee in writing, a copy of which is to be placed in the employee's personnel file.
- h. Any appeal of the decision of the Board is to be made in accordance with the provisions of the employee's collective agreement, or where no collective agreement applies, within fifteen days of notification of the Board's decision.
- i. If, at the conclusion of all proceedings, a criminal records check confirms no conviction(s) resulting from the incident giving rise to the original charge(s), any documentation which has been placed in the employee's personnel file related to the charge(s) for which discipline has not been effected is, at the request of the employee, to be removed and destroyed.
- j. Notwithstanding any of the above regulations, an employee may, at any time, seek legal advice or counsel from his/her employee group or from independent sources at the employee's expense. Should the employee so wish, he or she may be accompanied or represented by a representative of the employee or the appropriate employee group at any and all meetings that the employee attends regarding the process.



PRAIRIE SPIRIT SCHOOL DIVISION NO. 206, BOX 809, 121 KLASSEN STREET, EAST, WARMAN, SK S0K 4S0 -- PHONE: (306) 683-2800

RE: ADMINISTRATIVE POLICY No. 501

ACKNOWLEDGEMENT AND AGREEMENT FORM

I, as an applicant for casual employment with Prairie Spirit School Division No. 206, have received and read a copy of Administrative Policy No. 501, sections 7 & 8. I understand and agree with the provisions as stated, should I be successful in my application for casual employment with the school division.

Date: _____

Full Name (please print): _____

Signature: _____

Please **retain the policy for your records and return this completed form** with your application package.



Read the back before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address including postal code		For non-residents only – Country of permanent residence	Social insurance number
<p>1. Basic personal amount – Every resident of Canada can claim this amount. If you will have more than one employer or payer at the same time in 2016, see "More than one employer or payer at the same time" on the next page. If you are a non-resident, see "Non-residents" on the next page.</p>			11,474
<p>2. Family caregiver amount for infirm children under age 18 – Either parent (but not both), may claim \$2,121 for each infirm child born in 1999 or later, that resides with both parents throughout the year. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the "Amount for an eligible dependant" on line 8 may also claim the family caregiver amount for that same child who is under age 18.</p>			
<p>3. Age amount – If you will be 65 or older on December 31, 2016, and your net income for the year from all sources will be \$35,927 or less, enter \$7,125. If your net income for the year will be between \$35,927 and \$83,427 and you want to calculate a partial claim, get Form TD1-WS, <i>Worksheet for the 2016 Personal Tax Credits Return</i>, and fill in the appropriate section.</p>			
<p>4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$2,000 or your estimated annual pension income, whichever is less.</p>			
<p>5. Tuition, education, and textbook amounts (full time and part time) – If you are a student enrolled at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees, fill in this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$400 for each month that you will be enrolled, plus \$65 per month for textbooks. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$120 for each month that you will be enrolled part time, plus \$20 per month for textbooks.</p>			
<p>6. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, <i>Disability Tax Credit Certificate</i>, enter \$8,001.</p>			
<p>7. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be less than \$11,474 (\$13,595 if he or she is infirm) enter the difference between this amount and his or her estimated net income for the year. If his or her net income for the year will be \$11,474 or more (\$13,595 or more if he or she is infirm), you cannot claim this amount.</p>			
<p>8. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you, and whose net income for the year will be less than \$11,474 (\$13,595 if he or she is infirm and you cannot claim the family caregiver amount for children under age 18 for this dependant), enter the difference between this amount and his or her estimated net income. If his or her net income for the year will be \$11,474 or more (\$13,595 or more if he or she is infirm), you cannot claim this amount.</p>			
<p>9. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$15,940 or less, and who is either your or your spouse's or common-law partner's:</p> <ul style="list-style-type: none"> • parent or grandparent (aged 65 or older), enter \$4,667 (\$6,788 if he or she is infirm); or • relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$6,788. <p>If the dependant's net income for the year will be between \$15,940 and \$20,607 (\$15,940 and \$22,728 if he or she is infirm) and you want to calculate a partial claim, get Form TD1-WS and fill in the appropriate section.</p>			
<p>10. Amount for infirm dependants age 18 or older – If you support an infirm dependant age 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$6,807 or less, enter \$6,788. You cannot claim an amount for a dependant if you or anyone else has already claimed it on line 8 or 9. If the dependant's net income for the year will be between \$6,807 and \$13,595 and you want to calculate a partial claim, get Form TD1-WS and fill in the appropriate section.</p>			
<p>11. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition, education and textbook amounts, or disability amount on his or her income tax return, enter the unused amount.</p>			
<p>12. Amounts transferred from a dependant – If your dependant will not use all of his or her disability amount on his or her income tax return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of his or her tuition, education, and textbook amounts on his or her income tax return, enter the unused amount.</p>			
<p>13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to determine the amount of your tax deductions.</p>			<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>

Continue on the next page ➔

Filling out Form TD1Fill out this form **only** if:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration;
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed);
- you want to claim the deduction for living in a prescribed zone; or
- you want to increase the amount of tax deducted at source.

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1, your employer or payer will deduct taxes after allowing the basic personal amount **only**.**More than one employer or payer at the same time**

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2016, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1, **check** this box, enter "0" on line 13 on the front page, and do not fill in lines 2 to 12.

Total income less than total claim amount

Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

Non-residents (Only fill in if you are a non-resident of Canada.)

As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2016?

- Yes (Fill out the previous page.)
- No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

If you are unsure of your residency status, call the international tax and non-resident enquiries line at **1-800-959-8281**.**Provincial or territorial personal tax credits return**

If your claim amount on line 13 is more than \$11,474, you also have to fill out a provincial or territorial TD1 form. If you are an employee, use the Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of residence. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

If you are claiming the basic personal amount **only** (your claim amount on line 13 is \$11,474), your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.

Note: If you are a Saskatchewan resident supporting children under 18 at any time during 2016, you may be able to claim the child amount on Form TD1SK, *2016 Saskatchewan Personal Tax Credits Return*. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

If you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2016, you can claim:

- \$8.25 for each day that you live in the prescribed northern zone; or
- \$16.50 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction.

\$

Employees living in a prescribed **intermediate** zone can claim 50% of the total of the above amounts.

For more information, go to www.cra.gc.ca/northernresidents.

Additional tax to be deducted

You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, fill out a new Form TD1.

\$

Reduction in tax deductions

You can ask to have less tax deducted on your income tax return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, *Request to Reduce Tax Deductions at Source*, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at www.cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html, Personal Information Bank CRA PPU 047.

Certification

I certify that the information given on this form is correct and complete.

Signature _____

It is a serious offence to make a false return.

Date _____

YYYY/MM/DD

2016 Saskatchewan Personal Tax Credits Return

Read the back before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address including postal code		For non-residents only – Country of permanent residence	Social insurance number

<p>1. Basic personal amount – Every person employed in Saskatchewan and every pensioner residing in Saskatchewan can claim this amount. If you will have more than one employer or payer at the same time in 2016, see "Will you have more than one employer or payer at the same time?" on the next page.</p>	15,843
<p>2. Age amount – If you will be 65 or older on December 31, 2016, and your net income from all sources will be \$35,927 or less, enter \$4,826. If your net income for the year will be between \$35,927 and \$68,101 and you want to calculate a partial claim, get Form TD1SK-WS, <i>Worksheet for the 2016 Saskatchewan Personal Tax Credits Return</i>, and fill in the appropriate section.</p>	
<p>3. Senior Supplementary amount – If you are a resident of Saskatchewan who will be 65 or older on December 31, 2016, enter \$1,274.</p>	
<p>4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,000 or your estimated annual pension income, whichever is less.</p>	
<p>5. Tuition and education amounts (full time and part time) – If you are a student enrolled at a university, college, or educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees, fill in this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$400 for each month that you will be enrolled. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$120 for each month that you will be enrolled part time.</p>	
<p>6. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, <i>Disability Tax Credit Certificate</i>, enter \$9,334.</p>	
<p>7. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be \$1,585 or less, enter \$15,843. If his or her net income for the year will be between \$1,585 and \$17,428 and you want to calculate a partial claim, get Form TD1SK-WS and fill in the appropriate section.</p>	
<p>8. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be \$1,585 or less, enter \$15,843. If his or her net income for the year will be between \$1,585 and \$17,428 and you want to calculate a partial claim, get Form TD1SK-WS and fill in the appropriate section.</p>	
<p>9. Child amount – If you are supporting a child who will be under the age of 18 at any time during 2016, enter \$6,010 for each child. You cannot claim an amount for a child you claimed on line 8 or a child claimed by anyone else as a dependant. If you have a spouse or common-law partner, the parent with the lower net income must make the claim.</p>	
<p>10. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$15,940 or less, and who is either your or your spouse's or common-law partner's:</p> <ul style="list-style-type: none"> • parent or grandparent (aged 65 or older); or • relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$9,334. <p>If the dependant's net income for the year will be between \$15,940 and \$25,274 and you want to calculate a partial claim, get Form TD1SK-WS and fill in the appropriate section.</p>	
<p>11. Amount for infirm dependants age 18 or older – If you are supporting an infirm dependant aged 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$6,623 or less, enter \$9,334. You cannot claim an amount for a dependant you claimed on line 10. If the dependant's net income for the year will be between \$6,623 and \$15,957 and you want to calculate a partial claim, get Form TD1SK-WS and fill in the appropriate section.</p>	
<p>12. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of his or her age amount, senior supplementary amount, pension income amount, tuition and education amounts, disability amount, or child amount on his or her income tax return, enter the unused amount.</p>	
<p>13. Amounts transferred from a dependant – If your dependant will not use all of his or her disability amount on his or her income tax return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of his or her tuition and education amounts on his or her income tax return, enter the unused amount.</p>	
<p>14. TOTAL CLAIM AMOUNT – Add lines 1 to 13. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.</p>	

Continue on the next page ➔

Filling out Form TD1SK

Fill out this form **only** if you are an employee working in Saskatchewan or a pensioner residing in Saskatchewan and any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration;
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed); or
- you want to increase the amount of tax deducted at source.

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1SK, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

Will you have more than one employer or payer at the same time?

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1SK for 2016, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1SK, enter "0" on line 14 on the front page and do not fill in lines 2 to 13.

Total income less than total claim amount

Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 14. Then your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you wish to have more tax deducted, fill in "Additional tax to be deducted" on the federal Form TD1.

Reduction in tax deductions

You can ask to have less tax deducted on your income tax return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, *Request to Reduce Tax Deductions at Source*, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to www.cra.gc.ca/forms or call 1-800-959-5525.

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at www.cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html, Personal Information Bank CRA PPU 047.

Certification

I certify that the information given on this form is correct and complete.

Signature _____ Date _____

It is a serious offence to make a false return.

Enrolment Form

Instructions: The Enrolment Form must be completed and signed by your school board(s) each time you sign a contract of employment or the first occasion of substitute teaching in Saskatchewan. If you have a change in your personal information, contract status and/or dependant information, please complete an **Information Change Form**, which is available at www.stf.sk.ca.

Return completed form to:
STF Members' Health Plan
PO Box 1944 Stn Main
Saskatoon SK S7K 3S5

The yellow copy will be forwarded to the Teachers' Superannuation Commission on your behalf.

To be completed by School Division			
Pension Plan Membership: <input type="checkbox"/> STRP <input type="checkbox"/> TSC <input type="checkbox"/> Superannuate		Contract Status – <i>Check (✓) all that apply</i>	Contract Commencement Date (DD MM YY)
School Division Name <input type="text"/>		<input type="checkbox"/> Continuing	<input type="text" value="Not applicable"/>
School Division Signature <input type="text"/>		<input type="checkbox"/> Temporary	<input type="text" value="DD MM YY"/>
Date Teacher meets plan eligibility requirements		<input type="checkbox"/> Replacement	<input type="text" value="DD MM YY"/>
20th Teaching Occurrence (DD MM YY) <input type="text" value="DD MM YY"/>		<input type="checkbox"/> Substitute	<input type="text" value="Not applicable"/>

Member Information				
Last Name <input type="text"/>		First Name <input type="text"/>		Initial <input type="text"/>
Preferred Name <input type="text"/>				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (DD MM YY) <input type="text" value="DD MM YY"/>	Social Insurance Number <input type="text"/>		Teaching Certificate Number <input type="text"/>
Home Mailing Address <input type="text"/>				
City <input type="text"/>		Province <input type="text"/>	Postal Code <input type="text"/>	Home Phone (<input type="text"/>) <input type="text"/>
School Name <input type="text"/>				School Phone (<input type="text"/>) <input type="text"/>
Have you named a beneficiary under your Pension Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No, please mail me a form				

Dependant Information			
To be completed by teachers on a continuing, temporary or replacement contract to enrol eligible dependants in the STF Members' Health Plan and the Teachers' Dental Plan.			
Spouse Information			
First Name (and Last Name If Different) <input type="text"/>		Date of Birth (DD MM YY) <input type="text" value="DD MM YY"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
If your spouse has an Employer Group Plan indicate the coverage provided.			
Health: <input type="checkbox"/> Single <input type="checkbox"/> Waived <input type="checkbox"/> Family <input type="checkbox"/> None		Dental: <input type="checkbox"/> Single <input type="checkbox"/> Waived <input type="checkbox"/> Family <input type="checkbox"/> None	
Vision: <input type="checkbox"/> Single <input type="checkbox"/> Waived <input type="checkbox"/> Family <input type="checkbox"/> None		Drugs: <input type="checkbox"/> Single <input type="checkbox"/> Waived <input type="checkbox"/> Family <input type="checkbox"/> None	
Employer Name <input type="text"/>	Group Policy Number <input type="text"/>	Name of Insurance Carrier <input type="text"/>	
If your spouse is a teacher, please provide Member Identification Number <input type="text" value="0 1 0 0 0"/>			

Children Information				
First Name (and Last Name If Different) <input type="text"/>	Date of Birth (DD MM YY) <input type="text" value="DD MM YY"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Full-time Student?*	Mentally or Physically Disabled?
<input type="text"/>	<input type="text" value="DD MM YY"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text" value="DD MM YY"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text" value="DD MM YY"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text" value="DD MM YY"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If dependent child is age 21 or older, attach verification of full-time status at educational institution.

Member Authorization	
I confirm that the foregoing information is true, complete and accurate as of this date. I consent to the Saskatchewan Teachers' Federation (STF) obtaining, retaining, disclosing, exchanging and using any personal information, including personal health information, about me or my dependants ("information"), at any time, from, to or with others, including STF's affiliates, service suppliers, successors, assigns and other persons, but only for the purpose of furthering or maintaining a current or future relationship between us or between STF and such person, or as may be necessary to determine my or my dependants' entitlement to health, dental, disability, pension and group insurance benefits or any other similar service supplied to me or my dependants by STF, its affiliates or service suppliers. I agree that my consent to the foregoing is a fundamental condition of STF providing certain services to me and my dependants and may not be revoked or withdrawn. I agree to immediately notify STF in writing of any change to the above-listed information.	
Member Signature <input checked="" type="checkbox"/> <input type="text"/>	Date signed (DDMMYY) <input type="text" value="DD MM YY"/>



2317 Arlington Avenue
Saskatoon SK S7J 2H8
Phone: (306) 373-1660
Toll Free: 1-800-667-7762
Fax: (306) 374-1122



Teachers'
Superannuation
Commission

300-3085 Albert Street
Regina SK S4S 0B1
Phone: (306) 787-6440
Toll Free: 1-877-364-8202
Fax: (306) 787-1939

The information you provide to us will be used to provide services to you and to determine your entitlement for health, dental, disability, pension and group insurance benefits. Please direct your inquiries as follows:

Dental

- **Teachers' Superannuation Commission**
Toll free 1-877-364-8202 or (306) 787-8814 in Regina

Disability

- **Income Continuance Plan**
Saskatchewan Teachers' Federation
Toll free 1-800-667-7762 or (306) 373-1660 in Saskatoon
- **Saskatchewan Teachers' Superannuation Disability Plan**
Toll free 1-877-364-8202 or (306) 787-6441 in Regina

Health

- **STF Members' Health Plan**
Saskatchewan Teachers' Federation
Toll free 1-800-667-7762 or (306) 373-1660 in Saskatoon

Pension

- **Saskatchewan Teachers Retirement Plan**
Saskatchewan Teachers' Federation
Toll free 1-800-667-7762 or (306) 373-1660 in Saskatoon
- **Saskatchewan Teachers Superannuation Plan**
Teachers' Superannuation Commission
Toll free 1-877-364-8202 or (306) 787-8141 in Regina

Definitions

- **Dependent Information**
For the purposes of the STF Members' Health Plan and the Teachers' Dental Plan only:
 - **Spouse** means your legal spouse, or the person who has cohabited continuously with you in a spousal relationship for at least 12 consecutive months.
 - **Dependent child** means your natural, adopted or step-child who is:
 - under 21 years of age, unmarried, living with you, and solely dependent upon you for support,
 - age 21 or under age 26, dependent upon you for support and in full-time attendance at a university, college, or other educational institution providing courses at a post-secondary level,
 - 21 years of age or older and is incapable of supporting themselves because of physical or mental disability where the disabling condition began
 - before age 21
 - or before age 26 if the child was in full-time attendance at an educational institution and the disabling condition has been continuous since that time.

Ongoing Enrolment Information Required

It is critical to maintain accurate and current records for you and your dependents. If you have a change in your personal information, contract status and/or dependent information please complete an Information Change Form.