

## **SUBSTITUTE SUPPORT STAFF - REQUIRED DOCUMENTS**

(SUPPORT STAFF INCLUDES THE FOLLOWING: ADMINISTRATIVE ASSISTANTS, CARETAKERS, EDUCATIONAL ASSOCIATES AND BUS DRIVERS)

**\*\*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 for casual employment in the 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) your name will be 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](mailto:jeannie.coutts@spiritsd.ca) to set up an appointment.

## **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

**Address:**

P.O. Box / Street Address	Town	Postal Code

**Telephone:**

Home	Work	Cell

**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

**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

Financial Institution Representative's Signature	Date



## **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:

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- 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		<b>For non-residents only</b> – Country of permanent residence	Social insurance number

  

<p><b>1. Basic personal amount</b> – 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>	<b>11,474</b>
<p><b>2. Family caregiver amount for infirm children under age 18</b> – 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><b>3. Age amount</b> – 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><b>4. Pension income amount</b> – 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><b>5. Tuition, education, and textbook amounts (full time and part time)</b> – 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><b>6. Disability amount</b> – 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><b>7. Spouse or common-law partner amount</b> – 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 <b>infirm</b>) 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 <b>infirm</b>), you cannot claim this amount.</p>	
<p><b>8. Amount for an eligible dependant</b> – 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 <b>infirm</b> and you <b>cannot claim the family caregiver amount for children under age 18 for this dependant</b>), 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 <b>infirm</b>), you cannot claim this amount.</p>	
<p><b>9. Caregiver amount</b> – 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"> <li>• parent or grandparent (aged 65 or older), enter \$4,667 (\$6,788 if he or she is <b>infirm</b>); or</li> <li>• relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$6,788.</li> </ul> <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 <b>infirm</b>) and you want to calculate a partial claim, get Form TD1-WS and fill in the appropriate section.</p>	
<p><b>10. Amount for infirm dependants age 18 or older</b> – 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><b>11. Amounts transferred from your spouse or common-law partner</b> – 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><b>12. Amounts transferred from a dependant</b> – If your dependant will not use all of his or her <b>disability amount</b> 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 <b>tuition, education, and textbook amounts</b> on his or her income tax return, enter the unused amount.</p>	
<p><b>13. TOTAL CLAIM AMOUNT</b> – Add lines 1 to 12. Your employer or payer will use this amount to determine the amount of your tax deductions.</p>	

Continue on the next page ➔

**Filling out Form TD1**Fill 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](http://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](http://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		<b>For non-residents only</b> – Country of permanent residence	Social insurance number

  

<p><b>1. Basic personal amount</b> – 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>	<b>15,843</b>
<p><b>2. Age amount</b> – 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><b>3. Senior Supplementary amount</b> – If you are a resident of Saskatchewan who will be 65 or older on December 31, 2016, enter \$1,274.</p>	
<p><b>4. Pension income amount</b> – 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><b>5. Tuition and education amounts (full time and part time)</b> – 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><b>6. Disability amount</b> – 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><b>7. Spouse or common-law partner amount</b> – 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><b>8. Amount for an eligible dependant</b> – 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><b>9. Child amount</b> – 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><b>10. Caregiver amount</b> – 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"> <li>• parent or grandparent (aged 65 or older); or</li> <li>• relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$9,334.</li> </ul> <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><b>11. Amount for infirm dependants age 18 or older</b> – 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><b>12. Amounts transferred from your spouse or common-law partner</b> – 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><b>13. Amounts transferred from a dependant</b> – If your dependant will not use all of his or her <b>disability amount</b> 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 <b>tuition and education amounts</b> on his or her income tax return, enter the unused amount.</p>	
<p><b>14. TOTAL CLAIM AMOUNT</b> – Add lines 1 to 13. Your employer or payer will use this amount to determine the amount of your provincial 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 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](http://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](http://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.**

## **ATTENTION: MEPP ENROLLMENT INFORMATION**

If you are applying to work as a **substitute** position for any of the following positions: School Administrative Assistant, Educational Associate, Caretaker, or Bus driver, enrollment is **optional**.

### **If you choose to decline MEPP Enrollment:**

Please select Enrollment Declined and sign and date the bottom, return this completed form with your application. \*\*

### **If you choose to enroll in MEPP:**

Please select Optional Enrollment, sign and date the bottom of the form and submit the following required documents:

1. A certified copy of employee's birth certificate
2. A certified copy of spouse's birth certificate (if applicable)
3. A certified copy of employee's marriage certificate (if applicable)
4. Completed and signed original *Designation of Beneficiary Form* (attached)

**A certified copy can be obtained by going to any school in our division and asking the school administrative assistant, principal or vice principal to certify these documents using the following procedure:**

1. The original documents are photocopied at the school.
2. The administrative assistant, principal or vice principal will print on the photocopy "*True Copy of Original*" to state they have seen the original, sign their name, position, and the current date on the photocopy of the original.

The **original** MEPP enrollment form and certified copies must be mailed (faxed or scanned forms or certified copies **will not** be accepted).

\*\*Please note that if MEPP is declined, you may join MEPP at any time by completing another enrollment form.

If you have any questions regarding the completion of these forms, please contact Jeannie Coutts, Executive Assistant, at (306)683-2813.

## Enrolment

SECTION 1: MEMBER INFORMATION - TO BE COMPLETED BY EMPLOYER (Please print)				
Name of Current Employer	Employer Number	Name of Previous Employer		
Social Insurance Number	Last Name	First Name and Initial		
Mailing Address	City/Town/Village	Province	Postal Code	
Birthdate (day/month/year)		Home phone		
Date of Employment (day/month/year)		Date of Enrolment (day/month/year)		
If date of enrolment is more than 24 months past the date of employment, please provide an explanation below.				
Please place an X in the applicable box for each of the five following items of employee information:				
<b>This employee was hired as a:</b> <input type="checkbox"/> permanent employee (enrolment is mandatory) <input type="checkbox"/> non-permanent employee (enrolment is optional until employee completes 700 hours in each of two consecutive years) <input type="checkbox"/> non-permanent employee and became a permanent employee on: _____				
<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Member Type</b> <input type="checkbox"/> General <input type="checkbox"/> Designated Police Officer or Firefighter	<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law	<b>Employment Type</b> <input type="checkbox"/> Full-time 12 <input type="checkbox"/> Full-time 10 <input type="checkbox"/> Part-time 12 <input type="checkbox"/> Part-time 10 <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual <input type="checkbox"/> Designated Full-time <input type="checkbox"/> Designated Part-time	
Please enclose the following with the completed enrolment form: • certified copy of employee's birth certificate or baptismal certificate; • completed and signed <u>original</u> <i>Designation of Beneficiary</i> form; • certified copy of spouse's birth certificate or baptismal certificate (if applicable); and • certified copy of employee's marriage certificate (if applicable).			<b>Office Use Only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
I certify the above information to be correct.				
Signature of Employer _____		Date (day/month/year) _____		
SECTION 2: TO BE COMPLETED BY THE EMPLOYEE				
If you are currently contributing to MEPP, enrolment is mandatory. If you are currently working for another MEPP participating employer, please provide the name of your other employer: _____				
<input type="checkbox"/> <b>Mandatory Enrolment</b> - I understand that, as a permanent employee, participation in the Municipal Employees' Pension Plan (MEPP) <u>is required</u> under <i>The Municipal Employees' Pension Act</i> and subsequent amendments thereto. I understand my employer will deduct from my salary such amounts as may be required for contributions. I authorize the Municipal Employees' Pension Commission (the Commission) or its agents to use my Social Insurance Number as my personal identification number.				
<input type="checkbox"/> <b>Optional Enrolment</b> - As a non-permanent employee, <u>I choose to participate</u> in MEPP and authorize my employer to deduct from my salary such amounts as may be required under <i>The Municipal Employee's Pension Act</i> and its related regulations. I understand that by completion of this form, my decision to participate in the pension plan is irrevocable. I authorize the Commission or its agents to use my Social Insurance Number as my personal identification number.				
<input type="checkbox"/> <b>Enrolment Declined</b> - <u>I choose not to participate</u> in MEPP. I understand that I may be required to join MEPP after completing 700 hours in each of two consecutive years. (Note: Human resources must retain the original form where an employee elects not to participate in MEPP.) I also understand that I may join MEPP at any time by completing another enrolment form.				
<input type="checkbox"/> <b>Ineligible for Enrolment</b> - <u>I am ineligible to participate</u> in MEPP because I am receiving a pension from MEPP, or I am age 71 or older.				
Signature of Employee _____		Date (day/month/year) _____		

## Definition of Spouse

The definition of spouse under Plan provisions regarding survivor benefits is:

- a person who is married to a member (including a spouse who is separated from the member); or
- if a member is not married:
  - a person in a common-law relationship with a member and who has been cohabiting in a conjugal relationship with a member for at least one year; or
  - a person in a common-law relationship with a member in which each of the two individuals is the natural or adoptive parent (legally or in fact) of the same child.

A married spouse takes priority over another person, even if that person meets the definition of a common-law spouse. A conjugal relationship implies that the relationship is exclusive; therefore a member cannot have more than one spouse at any given time.

## Designation of Beneficiaries

### Spousal Waiver

Your spouse is your beneficiary unless he or she waives that right. Contact the Plan administrators for more information and/or to obtain forms.

### Intention

Before signing and returning this form, ensure that your beneficiary designation(s), together with your will, carry out your intent for the distribution of your survivor's benefits.

### Minors

In general, provincial legislation does not allow payment of benefits directly to minors. If you name a minor as a beneficiary, you should make any arrangements that are necessary (such as the appointment of a trustee) to ensure that the benefits are paid according to your intention.

### Responsibility

It is your responsibility to ensure that the designations are up to date and reflect your intentions at all times. Changes in your marital or family status may indicate a need to update your beneficiaries.

*The Municipal Employees' Pension Plan is not responsible for the validity or effect of any designation made on this form.*

## Beneficiary Designations

- Always indicate the full name of the beneficiary.
- Print all information.
- Enter only one beneficiary name per line.
- If you name more than one beneficiary, ensure that the portions total 100%.
- If you name a charitable organization or church, please provide the legal name and address of the organization.

Municipal Employees' Pension Plan  
1000 - 1801 Hamilton Street  
REGINA SK S4P 4W3  
Tel: 787-2684 (in Regina) or Toll Free at 1-877-506-6377  
Fax: (306) 787-8822  
E-mail: [mpepp@peba.gov.sk.ca](mailto:mpepp@peba.gov.sk.ca)  
Website: [www.peba.gov.sk.ca](http://www.peba.gov.sk.ca)