

PLEASE COMPLETE FORMS ELECTRONICALLY - DO NOT PRINT

Legal Name: First	Middle Last
Preferred Name: (if applicable)	
Date of Birth:	Sex: Male Female (required for benefit coverage services)
Address: Street	City Province Postal Code
Telephone:	Cell Other
Personal E-mail Address:	
Employment Start Date:	Supervisor's Name:
SOCIAL INSURANCE NUMBER	
SIN: 9 Digits	SIN Expiry Date:
	your social insurance number (SIN) card. If you have a SIN with an de (attach to the e-mail) the letter provided by Service Canada wher



REQUEST FOR PAYMENT BY DIRECT DEPOSIT

Please insert image below (or attach to email when returning completed documents) a void cheque or pre-printed direct deposit letter from your financial institution. Hand-written banking details or documents submitted without a void cheque or pre-printed deposit letter <u>WILL NOT</u> be processed.

I hereby authorize and request Payroll to credit payments due to my account with the financial institution designated on documents provided, until cancelled by me in writing. I understand it is my responsibility to advise the Payroll department immediately of any changes to my banking information, to prevent delays in my pay.

Signature	Dated on:	MM	YY



RESPECTFUL COLLEGE COMMUNITY PROCEDURES

Click here to review Respectful College Community Policy.

I hereby acknowledge that I have been informed of and have received copies of Canadore's Respectful College Community Procedures.
Signature Dated on: DD MM YY
ACCOMMODATION POLICY
Click here to review Accommodation for Employees with Disabilities Policy.
I hereby acknowledge that I have been informed of and have received copies of Canadore's Accommodation Policy.
Signature Dated on: DD MM YY
CONFIDENTIALITY OF INFORMATION FORM
As an employee of Canadore College, you may have access to confidential information. Just as in any business setting, you must not disclose or misuse this information in any way. Should there be any breach of confidentiality in your area, your employment may be suspended immediately, pending an investigation, and may result in termination.
Your signature below indicates your acceptance of this condition of your employment or placement.
DECLARATION OF OFFENCES
I declare that I have no convictions of offences under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada), for which a pardon under section 4.1 of the Criminal Records Act (Canada) has not been granted or was granted and revoked. I further declare that I have no charges in relation to potential indictable offences currently before the Court. I further agree to advise the Director of Organizational Development and Talent Management immediately in writing in the event that I am charged with any criminal offence in relation to indictable offences after the declaration has been provided.
Should you be unable to complete this declaration please contact the Director of Organizational Development and Talent Management, Jodee Brown Yeo at Jodee.BrownYeo@canadorecollege.ca
Signature Dated on: DD MM
SIGNATURE
I hereby declare that I am eligible to accept employment in Canada.
Dated on:
Signature DD MM YY



College of Applied Arts & Technology Pension Plan

College of Applied Arts & Technology (CAAT) Pension Plan Other Than Regular Full-Time (OTRFT) Contract

As a College employee you are eligible to join the CAAT defined benefit pension plan. Please visit the plan's website (Home | CAAT Pension) for details about the plan, how you may join, and factors to consider before joining.

Documentation:

- Member's handbook <u>DBplus-Member Handbook-GR-EN (caatpension.ca)</u>
- Enrolment form Click here for online enrolment form

Select one option below by placing a checkmark in the appropriate box:

	<u>I elect to become a member</u> of the Colleges of Applied Arts & Technology Pension Plan.
	☐ I have completed the online enrolment form (from link above).
	I have made pension contributions in the past at this College or at another College. Name of College:
	I have received information with respect to my right to become a Member of the Colleges of Applied Arts & Technology Pension Plan, and by signing this offer letter, I confirm that I do not wish to become a member at this time. I understand that if I apply to become a Member at a later date, it will be under the terms of the Plan in effect at that time. If I am eligible to join when I apply, my membership will be effective from my enrolment date and will not be retroactive.
	I am a College Retiree in receipt of pension benefits; therefore, I can't join unless I stop my monthly CAAT Pension payments.
	by accept employment on the terms and conditions noted herein and I confirm my election/the information ed with respect to the CAAT Pension Plan, above.
Signature	Dated on: MM YY
Print Name	

REMINDER

Please remember to attach SIN letter (if applicable) to e-mail when returning completed documents.

2024 Personal Tax Credits Return

TD1

Read page 2 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.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Addross	Postal anda	For non-residents only	Cooled incurance number
Address	Postal code	Country of permanent resider	Social insurance number
1. Basic personal amount – Every resident of Canad from all sources will be greater than \$173,205 and you return at the end of the tax year. If your income from a partial claim. To do so, fill in the appropriate section of the calculated amount here.	enter \$15,705, you may ha Il sources will be greater that Form TD1-WS, Worksheet	ave an amount owing on your inc an \$173,205 you have the option for the 2024 Personal Tax Cred	to calculate a its Return, and enter
Canada caregiver amount for infirm children und 2007 or later who lives with both parents throughout th parent who has the right to claim the "Amount for an el the child.	e year. If the child does no	t live with both parents throughou	ut the year, the
3. Age amount – If you will be 65 or older on Decemb or less, enter \$8,790. You may enter a partial amount calculate a partial amount, fill out the line 3 section of I	if your net income for the ye		
 Pension income amount – If you will receive regul- Pension Plan, Quebec Pension Plan, old age security, \$2,000 or your estimated annual pension income. 			
5. Tuition (full-time and part-time) – Fill in this section certified by Employment and Social Development Cantotal tuition fees that you will pay if you are a full-time of the control of the contro	ada, and you will pay more		
6. Disability amount – If you will claim the disability a Tax Credit Certificate, enter \$9,872.	mount on your income tax a	and benefit return by using Form	T2201, Disability
7. Spouse or common-law partner amount – Enter to common-law partner is infirm) and your spouse's oconditions apply: • You are supporting your spouse or common-law partners.	r common-law partner's est		
Your spouse or common-law partner's net income spouse or common-law partner is infirm)	•	an the amount on line 1 (line 1 plu	us \$2,616 if your
In all cases, go to line 9 if your spouse or common-law	partner is infirm and has a	a net income for the year of \$28.	041 or less
8. Amount for an eligible dependant – Enter the diffe dependant is infirm) and your eligible dependant's est	erence between the amoun	t on line 1 (line 1 plus \$2,616 if y	our eligible
 You do not have a spouse or common-law partne who you are not supporting or being supported by 	r, or you have a spouse or	common-law partner who does r	not live with you and
 You are supporting the dependant who is related t 	o you and lives with you		
 The dependant's net income for the year will be le you cannot claim the Canada caregiver amount 			
In all cases, go to line 9 if your dependant is 18 years	or older, infirm, and has	a net income for the year of \$28,	041 or less.
9. Canada caregiver amount for eligible dependant year, you support an infirm eligible dependant (aged the year will be \$28,041 or less. To calculate the amount	18 or older) or an infirm sp	ouse or common-law partner wh	ose net income for
10. Canada caregiver amount for dependant(s) age 18 or older (other than the spouse or common-law pa claimed an amount for if their net income were under \$\foat{Y}ou may enter a partial amount if their net income for out the line 10 section of Form TD1-WS. This workshe with another caregiver who supports the same dependent of older.	rtner or eligible dependant \$18,321) whose net income the year will be between \$1 et may also be used to cald	you claimed an amount for on lin for the year will be \$19,666 or le 9,666 and \$28,041. To calculate culate your part of the amount if y	e 9 or could have ess, enter \$8,375. a partial amount, fill you are sharing it
11. Amounts transferred from your spouse or com their age amount, pension income amount, tuition amo unused amount.			
12. Amounts transferred from a dependant – If your benefit return, enter the unused amount. If your or you all of their tuition amount on their income tax and bene	r spouse's or common-law	partner's dependent child or gran	
13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to determ	ine the amount of your tax	deductions.	



Pro	otected B when complete	
Filling out Form TD1		
Fill out this form only if 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 	5,	
 you want to change the 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 you want to increase the amount of tax deducted at source Sign and date it, and give it to your employer or payer. 		
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 an you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on and this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.		
Total income is less than the total claim amount		
Tick 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. will not deduct tax from your earnings.	Your employer or payer	
For non-resident only (Tick the box that applies to you.)		
As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2024? 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.)		
Call the international tax and non-resident enquiries line at 1-800-959-8281 if you are unsure of your residency status.		
Provincial or territorial personal tax credits return		
You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$15,705. Use the Form TD1 for territory of employment if you are an employee. Use the Form TD1 for your province or territory of residence if you are a pensioner will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions	Your employer or payer	
our employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic ersonal amount only .		
Note: You may be able to claim the child amount on Form TD1SK, 2024 Saskatchewan Personal Tax Credits Return if you are a supporting children under 18 at any time during 2024. Therefore, you may want to fill out Form TD1SK even if you are only claim amount on this form.		
Deduction for living in a prescribed zone		
You may claim any of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed northern months in a row beginning or ending in 2024: • \$11.00 for each day that you live in the prescribed northern zone	zone for more than six	
 \$22.00 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 may claim 50% of the total of the above amounts. For more information, go to canada.ca/taxes-northern-residents. 	\$	
Additional tax to be deducted		
You may want to have more tax deducted from each payment if you receive other income such as non-employment income from		
CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.	\$	
Reduction in tax deductions		
You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Sauthority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if you RRSP contributions from your salary.	tuition and education Source, to get a letter of	
Forms and publications		
To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.		

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be-disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Information about Programs and Information Holdings-at canada.ca/cra-information-about-programs.

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.	

TD1 E (24) Page 2 of 2



2024 Ontario Personal Tax Credits Return

Read page 2 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	Postal code	For non-residents only	Soc	cial insurance number
		Country of permanent reside	nce	
1. Basic personal amount – Every person employed If you will have more than one employer or payer at the on page 2.	e same time in 2024, see "N	More than one employer or payer	at the same time"	12,399
 Age amount – If you will be 65 or older on December enter a partial amount if your net income for the year we line 2 section of Form TD10N-WS, Worksheet for the 2 	vill be between \$45,068 and	\$85,428. To calculate a partial a		/
 Pension income amount – If you will receive regular Plan, Quebec Pension Plan, Old Age Security, or Guar your estimated annual pension. 	ar pension payments from a ranteed Income Supplemer	a pension plan or fund (not includ nt payments), enter whichever is	ling Canada Pensior s less : \$1,714 or	١
4. Disability amount – If you will claim the disability at Tax Credit Certificate, enter \$10,017.	mount on your income tax a	and benefit return by using Form	T2201, Disability	
5. Spouse or common-law partner amount – Enter \$ the following conditions apply:	\$10,528 if you are supporting	ng your spouse or common-law p	artner and both of	
 Your spouse or common-law partner lives with you 	I			
 Your spouse or common-law partner's net income 	for the year will be \$1,053	or less		
You may enter a partial amount if your spouse's or con To calculate a partial amount, fill out the line 5 section		ome for the year will be between	\$1,053 and \$11,581	
6. Amount for an eligible dependant – Enter \$10,528 conditions apply:	3 if you are supporting an e	ligible dependant and all of the fo	ollowing	
 You do not have a spouse or common-law partner who you are not supporting or being supported by 	r, or you have a spouse or	common-law partner who does n	ot live with you and	
 The dependant is related to you and lives with you 				
 The dependant's net income for the year will be \$1 	,053 or less			
You may enter a partial amount if the eligible dependar partial amount, fill out the line 6 section of Form TD10		will be between \$1,053 and \$11	,581. To calculate a	
7. Ontario caregiver amount – You may claim this an	nount if you are supporting	an eligible infirm dependant aged	d 18 or older:	
 your child or your grandchild (or your spouse or co your parent, grandparent, brother, sister, aunt, unc partner) 	cle, niece or nephew who is	resident in Canada (or your spo	use or common-law	
To calculate this amount, fill out the line 7 section of Fo	orm TD1ON-WS.			
8. Amounts transferred from your spouse or commage amount, pension income amount, or disability amounts.				
9. Amounts transferred from a dependant – If your obenefit return, enter the unused amount.	dependant will not use all o	f their disability amount on their in	ncome tax and	
10. TOTAL CLAIM AMOUNT – Add lines 1 to 9. Your employer or payer will use this amount to determine	ine the amount of your prov	rincial tax deductions.		

Protected B when completed Filling out Form TD10N Fill out this form only if you are an employee working in Ontario or a pensioner residing in Ontario 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 • you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed) 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 TD1ON, 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 TD1ON for 2024, 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 TD1ON, check this box, enter "0" on line 10 and do not fill in lines 2 to 9. Total income is less than the total claim amount Tick this box if your total income for the year from all employers and payers will be less than your total claim amount on line 10. Your employer or payer will not deduct tax from your earnings. Additional tax to be deducted If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD. Reduction in tax deductions You may ask to have less tax deducted at source 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 canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Information about Programs and Information Holdings at canada.ca/cra-information-about-programs.

Date
_

TD10N E (24) Page 2 of 2