CANADORE college

**PLEASE COMPLETE FORMS ELECTRONICALLY – DO NOT PRINT**

## EMPLOYEE INFORMATION

Legal Name: _____ (First) _____ (Middle) _____ (Last)

Preferred Name: _____ (if applicable) Previous Name: _____ (if applicable)

Date of Birth: _____ (DD) _____ (MM) _____ (YY) Sex: ☐ Male ☐ Female (required for benefit coverage services)

Address: _____ (Street) _____ (City) _____ (Province) _____ (Postal Code)

Telephone: _____ (Home) _____ (Cell) _____ (Other)

Personal E-mail Address: _____

Employment Start Date: _____ (DD) _____ (MM) _____ (YY) Supervisor's Name: _____

## SOCIAL INSURANCE NUMBER

SIN: _____ (9 Digits) SIN Expiry Date: _____ (DD) _____ (MM) _____ (YY)

Please provide an image below of your social insurance number (SIN) card. If you have a SIN with an expiry date, please be sure to include (attach to the e-mail) the letter provided by Service Canada when returning completed documents.

CANADORE college

## Declaration of Legal Entitlement to Work in Canada

### 1. Legal Status in Canada

Please select the option that applies to you:

☐ **Canadian Citizen**
☐ **Permanent Resident**
☐ **Other** – please specify: _____

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### 2. Working Under a Work Permit or Study Permit

(Complete this section only if applicable. Please provide a copy of your Permit)

I confirm that I am authorized to work in Canada under the conditions of my valid permit.

- **Type of Permit:**
  ☐ Work Permit
  ☐ Study Permit
- **Permit Number:** _____
- **Permit Expiry Date (YYYY/MM/DD):** _____
- **Restrictions or Conditions (if any):**
  _____

I understand and acknowledge that I am responsible for maintaining valid authorization to work and for complying with all permit conditions.

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### 3. Declaration and Acknowledgement

I hereby declare that I am eligible to accept employment in Canada and that I am legally authorized to work under the applicable laws and regulations including Immigration, Refugees and Citizenship Canada (IRCC).

I hereby declare that the information provided above is true and complete to the best of my knowledge. I acknowledge that maintaining valid authorization to work in Canada is my sole responsibility.

I further acknowledge that if it is discovered that I have misrepresented my eligibility or failed to maintain proper work authorization, my employment may be **terminated immediately**, without notice or pay in lieu of notice, and that such misrepresentation may have further legal or immigration consequences.

**Signature:** _____
**Date (YYYY/MM/DD):** _____

CANADORE college

## 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 WILL NOT 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.

_____ Dated on: _____ _____ _____
Signature DD 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.

_____ Dated on: ____ ____ ____
Signature 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.

_____ Dated on: ____ ____ ____
Signature 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.

_____ Dated on: ____ ____ ____
Signature DD MM YY

## 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

_____ Dated on: ____ ____ ____
Signature DD MM YY

## 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 – DBplus-Member Handbook-GR-EN (caatpension.ca)
- Enrolment form - Click here for online enrolment form

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

☐ **I elect to become a member** 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.

***Please reach out to ODTM - ODTM.Information@canadorecollege.ca if you have questions about choosing the right option for you.***

I hereby accept employment on the terms and conditions noted herein and I confirm my election/the information provided with respect to the CAAT Pension Plan, above.

_____ Dated on: ____ ____ ____
Signature DD MM YY

_____
Print Name

## REMINDER

**Please remember to attach SIN letter and copy of Work/Study Permit (if applicable) to e-mail when returning completed documents.**

Canada Revenue Agency | Agence du revenu du Canada

**Protected B** when completed

TD1

# 2026 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 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 |
|---|---|---|---|
| | | | |

| Address | Postal code | **For non-residents only** Country of permanent residence | Social insurance number |
|---|---|---|---|
| | | | |

**1. Basic personal amount** – Every resident of Canada can enter a basic personal amount of $16,452. However, if your net income from all sources will be greater than $181,440 and you enter $16,452, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than $181,440 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2026 Personal Tax Credits Return, and enter the calculated amount here.

**2. Canada caregiver amount for infirm children under age 18** – Only one parent may claim $2,740 for each infirm child born in 2009 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

**3. Age amount** – If you will be 65 or older on December 31, 2026, and your net income for the year from **all** sources will be $46,432 or less, enter $9,208. You may enter a partial amount if your net income for the year will be between $46,432 and $107,819. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

**4. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less**: $2,000 or your estimated annual pension income.

**5. Tuition (full-time and part-time)** – Fill in this section if you are a student 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. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

**6. Disability amount** – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter $10,341.

**7. Spouse or common-law partner amount** – Enter the difference between the amount on line 1 (line 1 plus $2,740 if your spouse or common-law partner is **infirm**) and your spouse's or common-law partner's estimated net income for the year if **two** of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus $2,740 if your spouse or common-law partner is **infirm**)

In all cases, go to line 9 if your spouse or common-law partner is **infirm** and has a net income for the year of $29,374 or less.

**8. Amount for an eligible dependant** – Enter the difference between the amount on line 1 (line 1 plus $2,740 if your eligible dependant is **infirm**) and your eligible dependant's estimated net income for the year if **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- You are supporting the dependant who is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1 (line 1 plus $2,740 if your dependant is **infirm** and you **cannot** claim the **Canada caregiver amount for infirm children under 18 years of age** for this dependant**)**

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 $29,374 or less.

**9. Canada caregiver amount for eligible dependant or spouse or common-law partner** – Fill out this section if, at any time in the year, you support an **infirm** eligible dependant (aged 18 or older) **or** an **infirm** spouse or common-law partner whose net income for the year will be $29,374 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

**10. Canada caregiver amount for dependant(s) age 18 or older** – If, at any time in the year, you support an **infirm** dependant age 18 or older (**other than** the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under $19,192) whose net income for the year will be $20,601 or less, enter $8,773. You may enter a partial amount if their net income for the year will be between $20,601 and $29,374. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

**11. Amounts transferred from your spouse or common-law partner** – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

**12. Amounts transferred from a dependant** – If your dependant will not use all of their disability amount on their income tax and benefit 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 their tuition amount on their income tax and benefit return, enter the unused amount.

**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.



Canada

### 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
- 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 another Form TD1 for 2026, 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 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. Your employer or payer will not deduct tax from your earnings.

### 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 2026?

☐ 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 $16,452. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. 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.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount **only**.

**Note:** You may be able to claim the child amount on Form TD1SK, 2026 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2026. 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

You may claim **any** of the following amounts 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 2026:

- $11.00 for each day that you live in the prescribed northern zone
- $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 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, and 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 Info Source at **canada.ca/cra-info-source**.

### 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.**

Ontario

# 2026 Ontario Personal Tax Credits Return

**Protected B** when completed
TD1ON

**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** Country of permanent residence | Social insurance number |
|---|---|---|---|
| | | | |

**1. Basic personal amount** – Every person employed in Ontario and every pensioner residing in Ontario can claim this amount. If you will have more than one employer or payer at the same time in 2026, see "More than one employer or payer at the same time" on page 2. **12,989**

**2. Age amount** – If you will be 65 or older on December 31, 2026, and your net income will be $47,210 or less, enter $6,342. You may enter a partial amount if your net income for the year will be between $47,210 and $89,490. To calculate a partial amount, fill out the line 2 section of Form TD1ON-WS, Worksheet for the 2026 Ontario Personal Tax Credits Return.

**3. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter **whichever is less**: $1,796 or your estimated annual pension.

**4. Disability amount** – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter $10,494**.**

**5. Spouse or common-law partner amount** – Enter $11,029 if you are supporting your spouse or common-law partner and **both** of the following conditions apply:

- Your spouse or common-law partner lives with you
- Your spouse or common-law partner's net income for the year will be $1,103 or less

You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between $1,103 and $12,132. To calculate a partial amount, fill out the line 5 section of Form TD1ON-WS.

**6. Amount for an eligible dependant** – Enter $11,029 if you are supporting an eligible dependant and **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- The dependant is related to you and lives with you
- The dependant's net income for the year will be $1,103 or less

You may enter a partial amount if the eligible dependant's net income for the year will be between $1,103 and $12,132. To calculate a partial amount, fill out the line 6 section of Form TD1ON-WS.

**7. Ontario caregiver amount** – You may claim this amount if you are supporting an eligible infirm dependant aged 18 or older:

- your child or your grandchild (or your spouse or common-law partner);
- your parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada (or your spouse or common-law partner)

To calculate this amount, fill out the line 7 section of Form TD1ON-WS.

**8. Amounts transferred from your spouse or common-law partner** – If your spouse or common-law partner will not use all of their age amount, pension income amount, or disability amount on their income tax and benefit return, enter the unused amount.

**9. Amounts transferred from a dependant** – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount.

**10. TOTAL CLAIM AMOUNT** – Add lines 1 to 9.
Your employer or payer will use this amount to determine the amount of your provincial tax deductions.



Canada

## Filling out Form TD1ON

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 remuneration
- 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 2026, 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, and 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 Info Source at **canada.ca/cra-info-source**.

## 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.**