



**ANGLOPHONE WEST SCHOOL DISTRICT  
APPLICATION FOR KINDERGARTEN SUPPORT WORKER**

*Forward completed forms to: Anglophone West School District - Human Resources Department  
1135 Prospect Street, Fredericton, NB E3B 3B9*

**PERSONAL DATA:** Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Alt Phone: (\_\_\_\_) \_\_\_\_\_

**PLEASE ATTACH:**

- RÉSUMÉ** - Attach a current resume with **3 employment references** with daytime phone numbers and e-mail address
- CRIMINAL RECORD CHECK** (original & no more than 1 year old) a letter signed by the Superintendent must be obtained from the ASD-W Office and provided to the appropriate policing agency.
- POLICY 701** – Website is located at <http://701.nbed.nb.ca/>. It is now a requirement that the Policy 701 Validation Questionnaire be completed on-line, printed, signed-off, and returned with this application.
- PROFESSIONAL CONDUCT** – (mandatory). Please read & sign attached form.
- NEW EMPLOYEE ORIENTATION - (Occupational Health & Safety)** – online component to be completed and questionnaire to be signed and printed with application. This is a requirement for all new employees. <http://web1.nbed.nb.ca/sites/ASD-W/Occupational%20Health%20and%20Safety/story.html>
- TD1 & TD1NB** Forms (Mandatory sign back of both forms)
- DIRECT DEPOSIT** (mandatory). Complete left side of the direct deposit form and attach a blank void cheque or have your financial institution validate the direct deposit form.

**NOTE: Only complete applications, including all the above, will be accepted.**

Are you legally entitled to work in Canada?  Yes  No

Have you ever been convicted of a criminal offence for which a pardon has not been granted?  Yes  No

If yes, please explain the offence and final disposition:

I certify that the statements made by me in this application are true and complete to the best of my knowledge. I am aware that misrepresentation or falsification may result in rejection of my application or dismissal from employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRICT OFFICE USE ONLY:**

- Resume attached with references
- Criminal Record Check
- Policy 701
- Professional Conduct
- New Employee Orientation
- TD1 & TD1NB attached
- Direct Deposit attached
- References Checked

Date Application Received: _____
Received by: _____
Processed by: _____
Added to AESOP by: _____ Date: _____

**EDUCATION CENTERS/SCHOOLS/AREAS:** *Please check off all the areas you are available to work:*

**Fredericton Education Centre:**

Connaught Street (K-5)	Kingsclear Consolidated (K-5)	New Maryland Elem (K-5)
Doaktown Elementary (K-5)	McAdam Avenue (K-5)	Park Street (K-5)
Forest Hill Elementary (K-1)	McAdam Elementary (K-5)	Priestman Street (K-5)
Garden Creek Elem (K-5)	Montgomery Street (K-5)	Royal Road Elem (K-5)
Harvey Elementary (K-5)	Nashwaak Valley (K-5)	Stanley School (K-12)
Keswick Ridge (K-8)	Nashwaaksis Memorial (K-5)	Upper Miramichi Elem (K-5)
Keswick Valley Mem (K-8)		

**Oromocto Education Centre:**

Assiniboine Avenue (K-2)	Chipman Elem (K-5)	Gibson Neill Mem (K-5)
Barkers Point (K-5)	Gagetown (K-8)	Lincoln Elem (K-5)
Burton Elem (K-2)	Geary Elementary (K-5)	Minto Elem/Middle (K-8)
Cambridge-Narrows (K-12)	Gesner Street Elem (K-5)	Sunbury West (K-8)

**Woodstock Education Centre:**

Andover Elementary (K-5)	Donald Fraser (K-5)	Meduxnekeag Consolidated (K-8)
Bath School (K-8)	Florenceville Elem (K-5)	Nackawic Elementary (K-5)
Bristol Elementary (K-5)	Hartland Community (K-12)	Saint Mary's Academy (K-12)
Canterbury High (K-12)	John Caldwell (K-12)	Townsvie School (K-8)
Centreville Community (K-8)		

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Guidelines for Kindergarten Support Worker**

Only new participants shall be hired under the Kindergarten Support Worker Program.

Kindergarten Support Workers shall be paid in accordance with the terms of the Work Ability Program funded by the Department of Post-Secondary Education and Training.

Kindergarten Support Workers shall only be assigned duties relating to Kindergarten classrooms and/or Kindergarten students.

Playground and other supervision duties shall not be assigned to Kindergarten Support Worker.

Kindergarten Support Workers shall not be assigned duties relating to the medicinal, therapeutic, remedial assistance or behavior management of students where Educational Assistants/School Intervention Workers would normally be employed.

Kindergarten Support Worker may only provide one-on-one assistance to students or group withdrawal from the classroom when an Educational Assistant is present.



## **Policy 701: Policy for the Protection of Pupils**

### **Validation Questionnaire**

**<http://701.nbed.nb.ca/>**

**You must complete and submit the questionnaire online. After submitting online, print off and attach the completed form with your signature and the date to the application package.**



**POLICY NO. ASD-W-250-16A**

**PROFESSIONAL CONDUCT**

**Appendix A – Acknowledgement Form**

**Effective: October 8, 2014**

**Acknowledgement**

<p><b><u>Accountability</u></b> Individuals shall:</p> <ul style="list-style-type: none"> <li>✓ Demonstrate honesty and integrity in the fulfillment of their professional responsibilities.</li> <li>✓ Acknowledge and respect the responsibility of ASD-W in their management role.</li> <li>✓ Acknowledge that all work produced related to their responsibilities in ASD-W, is the sole property of ASD-W.</li> <li>✓ Acknowledge that everyone is responsible for the learning of and/or learning conditions for students within ASD-W.</li> <li>✓ Ensure communication in electronic and social media environments is appropriate and models professional and personal conduct at any time reflective of the position of trust held within the public education system.</li> </ul>	<p><b><u>Standards of Work</u></b> Individuals shall:</p> <ul style="list-style-type: none"> <li>✓ Endeavour to improve their professional competency.</li> <li>✓ Conduct work in an objective, conscientious, effective and efficient manner.</li> <li>✓ Perform duties in accordance with the highest standards of their profession and exercise due care.</li> <li>✓ Comply with copyright laws and acknowledge the origin of material and concepts incorporated into their work.</li> <li>✓ Become knowledgeable of, respect, and adhere to all applicable laws, acts/regulations, policies, and guidelines.</li> <li>✓ Show proper care and regard for the property of the Crown, utilizing resources for the purpose of carrying out ASD-W business.</li> </ul>
<p><b><u>Interpersonal Relationships</u></b> Individuals shall:</p> <ul style="list-style-type: none"> <li>✓ Treat others with respect, dignity, and fairness at all times.</li> <li>✓ Resolve conflict using respectful and appropriate means.</li> <li>✓ Ensure the workplace is free from discrimination and harassment, and that due process and individual human rights are respected.</li> </ul>	<p><b><u>Conflict of Interest</u></b> Individuals shall:</p> <ul style="list-style-type: none"> <li>✓ Avoid and/or disclose any conflict of interest or potential conflict of interest, which would influence or appear to influence personal actions or judgments. (See Appendix A – Conflict of Interest Notification Form)</li> <li>✓ Not use a position of trust to receive special benefits.</li> </ul>
<p><b><u>Confidentiality</u></b> Individuals shall:</p> <ul style="list-style-type: none"> <li>✓ Ensure confidentiality of information acquired in the course of business by exercising due care while collecting, using, disclosing, storing, and disposing of personal data.</li> <li>✓ Ensure that personal information is collected and used in compliance with RTIPPA (Right to Information and Protection of Privacy Act) and PHIPPA (Personal Health Information Privacy and Access).</li> <li>✓ Ensure that information obtained during the administration of school-raised funds is treated in a secure and confidential manner.</li> <li>✓ Be aware that the obligation to comply with the above, continues indefinitely, i.e. even after the relationship between the individual and the School District has been severed.</li> </ul>	<p><b><u>Dress Code</u></b> Anglophone West School District recognizes the importance of the educational environment in promoting excellence in teaching and learning. The District is responsible for promoting an environment that is safe, nurturing, and supportive of the school system’s academic goals and educational responsibilities. Employees of ASD-W serve as role models for the students with whom they work and as leaders in the community. Consistent with these roles, all individuals working in the District shall:</p> <ul style="list-style-type: none"> <li>✓ Dress in a manner and have an appearance that is appropriate and professional in light of the environment in which they work and the duties of their position.</li> </ul>
<p><b><u>Breach of Policy</u></b></p> <ul style="list-style-type: none"> <li>✓ Appropriate measures will be taken to address any breach of this policy.</li> </ul>	

**This is to acknowledge that I have reviewed and fully understand the information provided in the Professional Conduct Policy.**

**Name:** \_\_\_\_\_  
(Please Print)

**Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

This page, once signed, will be placed in your personnel file.  
For volunteers, the page will be kept by the School Principal.

This acknowledgement is to be reviewed annually by school administration during opening activities and signed off by new staff members.



**HEALTH AND SAFETY  
APPENDIX B – New Employee Orientation and Training  
On-Site Acknowledgement Form**

**Instructions:** *This page is to be signed by the Supervisor and New Employee. Once completed, the form will be kept in the personnel file.*

**SUPERVISOR:**

I have conducted the on-site new employee orientation with \_\_\_\_\_ and have done my best to help him/her understand what is expected in his/her new job. I will do all I can to assist \_\_\_\_\_ to succeed in his/her new position.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**EMPLOYEE:** My Supervisor, \_\_\_\_\_, has explained what my requirements are for the position I am starting. I understand what is expected and will do my best to excel in this position and will request assistance from my supervisor should I need it. I understand that a successful performance review and any recommendations that come from it will be based entirely on my commitment to be a productive and effective member of the team and consistently use the expected traits and characteristics on the job. I understand that my Principal / Vice-Principal / Manager / Supervisor and I will periodically review my performance during my probationary / trial period. I am encouraged to ask for feedback about my performance at any time.

I understand the safety procedures and policies and agree to adhere to them at all times. If I am not sure about something, I will ask for assistance to not risk injury, provide poor service or quality of work.

- I have been informed of the name and contact information of my supervisor.
- I have been informed of where to access information for the New Brunswick Occupational Health & Safety Act and its Regulations. ([www.worksafenb.ca](http://www.worksafenb.ca))
- I have been informed and understand procedures related to emergencies (evacuation plan, crisis response, lock down, etc.)
- I have been advised of the contact information of the Joint Health & Safety Committee or Health & Safety Representative posted on the WorkSafe bulletin board.
- I have been advised of hazardous situations or environments at my work location and understand the Health & Safety procedures and codes of practice related to my job tasks.
- I have been advised of the location of First Aid kits and equipment and advised of the names of qualified First Aid providers.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[Supervisor to forward completed form to appropriate Education Centre HRO for personnel file]



## ANGLOPHONE WEST SCHOOL DISTRICT

OFFICE OF THE SUPERINTENDENT

1135 Prospect Street • Fredericton, New Brunswick E3B 3B9 • [www.asd-w.nbed.nb.ca](http://www.asd-w.nbed.nb.ca)

# NEW EMPLOYEE ORIENTATION TRAINING

## ON-LINE COMPONENT

**<http://web1.nbed.nb.ca/sites/ASD-W/Occupational%20Health%20and%20Safety/story.html>**

**You must complete and submit the questionnaire online. After completing online, print off the certificate of completion, add your signature and date it and attach to your application package.**



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.

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 

  

<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 2019, see "More than one employer or payer at the same time" on page 2. If you are a non-resident, see "Non-residents" on page 2.</p>	<b>12,069</b>
<p><b>2. Canada caregiver amount for infirm children under age 18</b> – Either parent (but not both), may claim \$2,230 for each infirm child born in 2002 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 Canada 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, 2019, and your net income for the year from all sources will be \$37,790 or less, enter \$7,494. If your net income for the year will be between \$37,790 and \$87,750 and you want to calculate a partial claim, get Form TD1-WS, Worksheet for the 2019 Personal Tax Credits Return, 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 (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 part time, enter the total of the tuition fees you will pay.</p>	
<p><b>6. Disability amount</b> – If you will claim the disability amount on your income tax return by using Form T2201, Disability Tax Credit Certificate, enter \$8,416.</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 \$12,069 (\$14,299 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 \$12,069 or more (\$14,299 or more if he or she is infirm), you cannot claim this amount. In all cases, if his or her net income for the year will be \$23,906 or less and he or she is infirm, go to line 9.</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 \$12,069 (\$14,299 if he or she is infirm and you cannot claim the Canada 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 \$12,069 or more (\$14,299 or more if he or she is infirm), you cannot claim this amount. In all cases, if his or her net income for the year will be \$23,906 or less and he or she is infirm and is age 18 or older, go to line 9.</p>	
<p><b>9. Canada caregiver amount for eligible dependant or spouse or common-law partner</b> – 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 \$23,906 or less, get Form TD1-WS and fill in the appropriate section.</p>	
<p><b>10. Canada caregiver amount for dependant(s) age 18 or older</b> – 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 his or her net income were under \$14,299) whose net income for the year will be \$16,766 or less, enter \$7,140. If his or her net income for the year will be between \$16,766 and \$23,906 and you want to calculate a partial claim, get Form TD1-WS and fill in the appropriate section. You can claim this amount for more than one infirm dependant age 18 or older. If you are sharing this amount with another caregiver who supports the same dependant, get the 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 amount, 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 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 amount 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>	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>

**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 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.

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 2019, 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 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 2019?

- 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 \$12,069, 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 \$12,069.), 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 2019, you may be able to claim the child amount on Form TD1SK, 2019 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 2019, you can claim any of the following:

- \$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 can claim 50% of the total of the above amounts.

For more information, go to [canada.ca/taxes-northern-residents](http://canada.ca/taxes-northern-residents).

**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 enforcement of the Act such as audit, compliance and collection activities. It may be shared or verified with other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. The social insurance number is collected under section 237 of the Act and is used for identification purposes. Under the Privacy Act, individuals have the right to access, or request 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 at [canada.ca/cra-info-source](http://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.

YYYY/MM/DD



Read page 2 before filling out this form. Your employer 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
<p><b>1. Basic personal amount</b> – Every person employed in New Brunswick and every pensioner residing in New Brunswick can claim this amount. If you will have more than one employer or payer at the same time in 2019, see "More than one employer or payer at the same time" on page 2.</p>			<b>10,264</b>
<p><b>2. Age amount</b> – If you will be 65 or older on December 31, 2019, and your net income from all sources will be \$37,311 or less, enter \$5,012. If your net income for the year will be between \$37,311 and \$70,725 and you want to calculate a partial claim, get Form TD1NB-WS, Worksheet for the 2019 New Brunswick Personal Tax Credits Return, and fill in the appropriate section.</p>			
<p><b>3. 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>4. Disability amount</b> – If you will claim the disability amount on your income tax return by using Form T2201, Disability Tax Credit Certificate, enter \$8,310.</p>			
<p><b>5. 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 \$872 or less, enter \$8,716. If his or her net income for the year will be between \$872 and \$9,588 and you want to calculate a partial claim, get Form TD1NB-WS and fill in the appropriate section.</p>			
<p><b>6. 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 \$872 or less, enter \$8,716. If his or her net income for the year will be between \$872 and \$9,588 and you want to calculate a partial claim, get Form TD1NB-WS and fill in the appropriate section.</p>			
<p><b>7. Caregiver amount</b> – If you are taking care of a dependant who lives with you, whose net income for the year will be \$16,554 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)</li> <li>• relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$4,848</li> </ul> <p>If the dependant's net income for the year will be between \$16,554 and \$21,402 and you want to calculate a partial claim, get Form TD1NB-WS and fill in the appropriate section.</p>			
<p><b>8. 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 \$6,878 or less, enter \$4,847. You cannot claim an amount for a dependant you claimed on line 7. If the dependant's net income for the year will be between \$6,878 and \$11,725 and you want to calculate a partial claim, get Form TD1NB-WS and fill in the appropriate section.</p>			
<p><b>9. 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, or disability amount on his or her income tax return, enter the unused amount.</p>			
<p><b>10. Amounts transferred from a dependant</b> – If your dependant will not use all of his or her disability amount on his or her income tax return, enter the unused amount.</p>			
<p><b>11. TOTAL CLAIM AMOUNT</b> – Add lines 1 to 10. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.</p>			

**Filling out Form TD1NB**

Fill out this form **only** if you are an employee working in New Brunswick or a pensioner residing in New Brunswick 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)
- 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 TD1NB, 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 TD1NB for 2019, 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 TD1NB, **check this box**, enter "0" on line 11 and do not fill in lines 2 to 10.

**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 11. 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 [canada.ca/cra-forms-publications](http://canada.ca/cra-forms-publications) 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 enforcement of the Act such as audit, compliance and collection activities. It may be shared or verified with other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. The social insurance number is collected under section 237 of the Act and is used for identification purposes. Under the Privacy Act, individuals have the right to access, or request 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 at [canada.ca/cra-info-source](http://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.



# Direct Deposit Program

## How does direct deposit work?

- Your deposit will be made to a savings or chequing account in any financial institution in Canada including banks, credit unions, caisse populaires or trust companies.
- You will receive a Notice of Deposit which will explain the calculation of your net pay and indicate the amount of deposit to your account.
- Your deposit will be made on pay day.

## What is required?

- You must complete and return this direct deposit form for initial set-up or for subsequent change of account number, to your District payroll officer.

## Where can I get more information?

- For more information, contact the payroll section in your school district.



# Direct Deposit Program Application For Direct Deposit Service

To be completed by the employee (by using a pen)

School District number:   Location:

Employee surname:

Given name:

Initials:

Social Insurance Number (Mandatory):  -  -

I hereby authorize you to credit my account with salary payments

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

Instructions: If you have a personalized cheque on which your name and account number are printed, you can simply attach a blank one to this application. Please mark "VOID" across the face of the cheque. If you do not have such a cheque, the section to the right must be completed and validated by your bank or financial institution.

**Important: Please do not cancel current account until the new Direct Deposit happens.**

To be completed by bank or other financial institution - please print

Transit number and bank identification:  -

Account number:

Bank/financial institution name: \_\_\_\_\_

Bank/financial institution address: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

Date: \_\_\_\_\_





**HEALTH AND SAFETY**  
**APPENDIX B – New Employee Orientation and Training**  
**On-Site Acknowledgement Form**

**Instructions:** This page is to be signed by the Supervisor and New Employee. Once completed, the form will be kept in the personnel file.

**SUPERVISOR:**

I have conducted the on-site new employee orientation with \_\_\_\_\_ and have done my best to help him/her understand what is expected in his/her new job. I will do all I can to assist \_\_\_\_\_ to succeed in his/her new position.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**EMPLOYEE:** My Supervisor, \_\_\_\_\_, has explained what my requirements are for the position I am starting. I understand what is expected and will do my best to excel in this position and will request assistance from my supervisor should I need it. I understand that a successful performance review and any recommendations that come from it will be based entirely on my commitment to be a productive and effective member of the team and consistently use the expected traits and characteristics on the job. I understand that my Principal / Vice-Principal / Manager / Supervisor and I will periodically review my performance during my probationary / trial period. I am encouraged to ask for feedback about my performance at any time.

I understand the safety procedures and policies and agree to adhere to them at all times. If I am not sure about something, I will ask for assistance to not risk injury, provide poor service or quality of work.

- I have been informed of the name and contact information of my supervisor.
- I have been informed of where to access information for the New Brunswick Occupational Health & Safety Act and its Regulations. ([www.worksafenb.ca](http://www.worksafenb.ca))
- I have been informed and understand procedures related to emergencies (evacuation plan, crisis response, lock down, etc.)
- I have been advised of the contact information of the Joint Health & Safety Committee or Health & Safety Representative posted on the WorkSafe bulletin board.
- I have been advised of hazardous situations or environments at my work location and understand the Health & Safety procedures and codes of practice related to my job tasks.
- I have been advised of the location of First Aid kits and equipment and advised of the names of qualified First Aid providers.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[Supervisor to forward completed form to appropriate Education Centre HRO for personnel file]