



Holy Family  
Catholic Regional Division

10307-99 Street  
Peace River, AB T8S 1K1  
Phone: 780\*624\*3956  
Toll Free: 1\*800\*285\*8712  
Website: hfcrd.ab.ca

Peace River - Grimshaw - Manning - McLennan - High Prairie - Valleyview

## CERTIFIED SUBSTITUTE STAFF HIRING CHECKLIST

*(for internal use only)*

☒ Please check when item is completed.

1) Employee Name: \_\_\_\_\_

2) Principal to send to Central Office the following

☐ Division Application Form

☐ Resume

☐ Copy of Teaching Certificate

☐ TQS (years of education) - refer Article 5 of Collective Agreement ([www.teachers.ab.ca](http://www.teachers.ab.ca))

☐ Previous Teaching Experience - refer Article 6 of Collective Agreement ([www.teachers.ab.ca](http://www.teachers.ab.ca))

☐ Criminal Record Check - **dated from within 6 months prior to date of hire**

-Local Indices Search - **dated from within 6 months prior to date of hire**

-Vulnerable Sector Search - **dated from within 6 months prior to date of hire**

☐ Intervention Record Check - **dated from within 6 months prior to date of hire**

☐ Substitute Teaching Form

☐ Technology Acceptable Use Contract

☐ Direct Deposit - attach void cheque

☐ TD1 & TD1AB Forms

**Do not hesitate to contact Central Office for help with the above forms.**

### For Office Use Only:

☐ Reference Check Details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

*"Student Success in a Catholic Community Guided by Christ"*



# Holy Family Catholic Regional Division

## APPLICATION FOR TEACHING POSITION

---

### INFORMATION FOR APPLICANTS

1. In order for the application to be complete the following items are required either at the time application is submitted or as soon as possible thereafter.
    - a) An Alberta Teaching Certificate or a photocopy of same. Out-of-province applicants may obtain a certificate by applying to the Registrar, Alberta Education, 44 Capital Boulevard, 10044 – 108 Street Edmonton, Alberta, T5J 5E6, or apply online [www.education.gov.ab.ca/k-12/teaching/certificate](http://www.education.gov.ab.ca/k-12/teaching/certificate)
    - b) An evaluation for salary purposes. Apply to the Teachers' Qualification Service, Alberta Teachers' Association, 11010 – 142 Street, Edmonton, Alberta, T5N 2R1, or apply online [www.teachers.ab.ca/Salary+and+Benefit/Teacher+Salary+Qualifications.htm](http://www.teachers.ab.ca/Salary+and+Benefit/Teacher+Salary+Qualifications.htm)
    - c) For applicants without teaching experience, include transcripts of your training at university or training college and copies of student teaching reports.
    - d) Criminal record statement including a vulnerable sector search and local indices search.
    - e) Alberta Children's Services – Intervention Record Check.
  2. Only interviewed applicants will be contacted.
- 

### PERSONAL DATA

Full Name \_\_\_\_\_ Social Insurance No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Present Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you of the Roman Catholic Faith? Yes ☐ No ☐ Email: \_\_\_\_\_

---

Application is for: Part-Time ☐ Full-Time ☐ Substitute Teaching ☐

---

## EDUCATION RECORD

University/College Training: Years beyond high school.

Institution	Years of Attendance	Major Field	Minor Field

---

## CERTIFICATION

If you hold an Alberta Teaching Certificate complete the following section:

Check Type of Certificate: ☐ Professional ☐ Provisional Condition \_\_\_\_\_  
☐ Standard E ☐ Standard S Other Type \_\_\_\_\_  
☐ Permanent Certificate No. \_\_\_\_\_  
☐ Interim Certificate No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

If you do NOT hold an Alberta Teaching Certificate, complete the following section:

- ☐ I will contact the registrar, Alberta Education, regarding certification.
- ☐ I have applied to Alberta Education for Teaching Certification and have not yet received a decision.
- ☐ I am a student at one of the Universities of Alberta and certification will be recommended by my Dean.
- ☐ I have received notice from Alberta Education that I am eligible for certification. I was advised that the Type of certificate to be granted is \_\_\_\_\_
- ☐ I presently hold a \_\_\_\_\_ teaching certificate which was received from the Province/Country of \_\_\_\_\_

---

## SPECIAL TRAINING

Check any special training or experience you have had in the following:

Arts ☐ Business Ed. ☐ Drama ☐ Phys. Ed. ☐ Technology ☐ Practical Arts ☐ Music ☐  
Native Ed. ☐ Religious Ed. ☐ Special Ed. ☐ French ☐ Counseling ☐ CTS ☐  
Other ☐ \_\_\_\_\_

Comment on any interests, hobbies, professional activities, work experience (excluding teaching experience), recreational activities, which may be of interest to our jurisdiction.

---

---

---

---

## TEACHING EXPERIENCE

List in order starting with most recent

Month/Year From to	Jurisdiction	Position Held Grade(s) Taught	Name of Principal

Total years of teaching experience: \_\_\_\_\_ Years \_\_\_\_\_ Months

## PREFERRED TEACHING POSITION

Indicate your first and second choice of level at which you wish to teach.

Kindergarten ☐ Primary ☐ Upper Elementary (4 – 6) ☐ Jr. High (7-9) ☐ Sr. High (10-12) ☐

English Program ☐ French Immersion Program ☐ Special Education ☐

State subject area preferences in terms of first and second choice:

Elementary: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Junior High: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Senior High: 1. \_\_\_\_\_ 2. \_\_\_\_\_

## CRIMINAL RECORD/CHILD WELFARE INFORMATION SYSTEM CHECK

Most positions with Holy Family Catholic Regional Division No. 37 involve contact with students. It is for this reason that the Board requires that an approved application includes **(dated within 90 days), a criminal record check, vulnerable sector search, local indices search and child intervention record check.**

Applicants with criminal convictions will be required to obtain a full criminal record check. The conviction for a crime does not automatically disqualify an applicant from employment. Holy Family Catholic Regional Division will consider the nature of any conviction in relation to the position for which an individual is applying.

Have you ever been charged under the criminal code? ☐ Yes ☐ No

If yes, describe the circumstances and the nature of the charges.

---

---

---

Have you ever been investigated by Child Welfare? ☐ Yes ☐ No

If yes, describe the circumstances and the nature of the investigation.

---

---

Update: April 4, 2011

## REFERENCES

Name	Position	Phone

If available include a reference from a parish priest or another member of the clergy

---

## STATEMENT OF COMMITMENT

Holy Family Catholic Regional Division strives to give every student a sound education in a Christian atmosphere based on the teachings of the Catholic Church and reinforced by the Christian lifestyle of all staff members.

The School Division, therefore, strives to employ teachers who are concerned with the spiritual, social, psychological, intellectual and physical growth of the students, who live out Catholic Christian values in their own lives, and who recognize the impact of their lives on the students and their families in our communities.

## DECLARATION

I certify that the statements made by me in this application are true and complete to the best of my knowledge and beliefs, and that, if hired by Holy Family Catholic Regional Division, I will live a Christian lifestyle that will support the teachings of the Catholic Church and the policies adopted by the Holy Family Catholic Regional Division. I also consent to Holy Family Catholic Regional Division contacting past and present employers.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

The information on this application form is being collected in accordance with the Freedom of Information and Protection of Privacy Act and under the authority of the School Act, and Holy Family Catholic Regional Division No. 37 Policy. It will be used to determine whether an applicant is qualified for appointment to a position or positions in the Holy Family Catholic Regional Division and to manage the School Division's human resources program. If you have any questions about the collection of this information, contact the FOIPP Coordinator at Holy Family Catholic Regional Division No. 37, 10307 – 99 Street, Peace River, AB, T8S 1R5, Phone: 780-624-3956.

**Return to:** Holy Family Catholic Regional Division No. 37, 10307 – 99 Street, Peace River, Alberta T8S 1R5  
Tel: (780) 624-3956 Fax: (780) 624-1154

---



**HOLY FAMILY C.R.D. NO. 37**  
**CERTIFIED SUBSTITUTE TEACHING COMMENCEMENT FORM**  
**20\_\_ - 20\_\_ School Year**

***Demographics for:***

**NAME:** \_\_\_\_\_

**Address 1:** \_\_\_\_\_  
**Address 2:** \_\_\_\_\_  
**Town, Postal Code:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Phone Number**  
**(Alt):** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**\*Legal Land Description/Street Address:** \_\_\_\_\_  
*\*We require your Legal Land Description/Street address for mileage claims. Mileage will be paid by shortest distance according to googlemaps.com*

---

**Easy Connect / Apply to Education Profile**

Holy Family CRD #37 distributes substitute teaching opportunities through an automated call out system called Easy Connect. In order to start receiving calls, please ***complete the*** following steps:

1. Go to <https://hfcrd.simplification.com/WLSBLogin.aspx?returnurl=%2f>
2. Create an account
3. Advise HFCRD you have registered

---

Please complete the information below.

I wish to be placed on the HFCRD #37 substitute teacher list for the following locations: {please check}

☐ Holy Family, Grimshaw  
☐ Good Shepherd, Peace River  
☐ Glenmary, Peace River  
☐ Rosary, Manning

☐ Ecole Providence  
☐ St. Stephen's, Valleyview  
☐ St. Andrew's, High Prairie  
☐ St. Francis Holistic Learning Centre,  
High Prairie

Please check: I wish to work at the following level(s):

☐ Lower Elementary   ☐ Upper Elementary   ☐ Junior High   ☐ Senior High

I am available on the following days:

\_\_\_\_\_

---

By completing and signing this form, you are acknowledging that the information is correct and that you wish to be added to the HFCRD #37 substitute teacher listing for the School Year.

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



Holy Family  
Catholic Regional Division

10307-99 Street  
Peace River, AB T8S 1K1  
Phone: 780-624-3956  
Toll Free: 1-800-285-8712  
Fax: 1-780-624-1154  
Website: hfcrd.ab.ca

### Request for Confirmation of Previous Teaching Experience

**Teacher:** Please complete this section of the form and submit a copy to each of your former school districts. Please note that this form must be completed and signed off by a representative from the department responsible for the administration of teaching experience and or salary.

\_\_\_\_\_  
Surname

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Social Insurance Number

**To be completed by previous School Division:** This individual is seeking a teaching position with Holy Family CRD #37. Our Division requires an official confirmation of previous contract teaching experience with your Division while holding a valid teaching certificate.

**Teaching Experience is to be indicated in total Teaching days and listed separately by each school year**

mm/dd/yy	mm/dd/yy	FT/PT Indicate FTE	Total Teaching Days
From _____	To _____	_____	_____ Days
From _____	To _____	_____	_____ Days
From _____	To _____	_____	_____ Days
From _____	To _____	_____	_____ Days
From _____	To _____	_____	_____ Days
From _____	To _____	_____	_____ Days

This will certify that the teacher was teaching a curriculum approved by the appropriate authority governing the provision of education in which the school jurisdiction was located.

I hereby certify that the above named teacher taught for the duration indicated above

\_\_\_\_\_  
Official School District Name and Number

\_\_\_\_\_  
Province

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
District Representative Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please return this document to the attention of Human Resources

E-mail: [humanresources@hfcrd.ab.ca](mailto:humanresources@hfcrd.ab.ca) or Fax: 780-624-1154





## **FORM 140-3 STAFF, CONTRACTORS, and VOLUNTEERS TECHNOLOGY RESPONSIBLE USE AGREEMENT**

---

*This agreement shall be reviewed and signed by staff, contractors, and volunteers upon commencement of employment, and/or as required by Technology Services.*

HFCRD provides access to the Division's network and Information Technology (IT) equipment to enhance learning for students and facilitate work activities for staff, contractors, and volunteers. All users shall adhere to the following standards of responsible use when accessing either division IT resources (software, hardware, network, and Internet), or their own personal electronic device for educational or business purposes. HFCRD reserves the right to access, audit, and monitor use of all supplied IT resources, without prior notice to the user, to maintain the integrity of the system and to ensure responsible use.

### **Responsible Use**

- I will follow all school division policies and administrative procedures regarding responsible use of technology.
- I will take full responsibility for, and respectfully use, all IT resources and equipment available to me.
- I will take responsibility for my actions when viewing and posting information and images online.
- I will treat others with respect and use appropriate language and images when communicating with others.
- I will only use IT resources and equipment for legal and appropriate activities.
- I will abide by copyright laws and use correct citation of my information sources.
- I will only use my own account and electronic data unless granted sharing permission by another user.
- I will use IT equipment, bandwidth, and file space responsibly.
- I will keep my password confidential.
- I understand I am responsible for any actions performed on the computer while I am logged on, therefore I will always log out when finished on the computer or when I am away from the workstation.

### **Safe Use**

- I will keep my personal information secure, including my age, address, and phone number.
- I will help maintain a safe computing environment by reporting any inappropriate material, security, or network problems to a school administrator, Technology Department, or system administrator.
- I understand the division uses a web filter to safeguard students and staff from inappropriate content, but that it may not always be possible to block inappropriate content.
- I will not further distribute inappropriate content.

### **Appropriate Use**

- I will obtain permission of the individual(s) involved and of a school staff member before photographing, videoing, publishing, sending, or displaying their information online.
- I will obtain permission from individual(s) when sharing commonly created electronic data.
- I will use IT resources and equipment in a positive manner so as not to disturb system performance and to not breach security standards.
- I will not use any HFCRDS' IT resources for political lobbying, product advertising, personal profit, or private business.
- I will only download, save, or install either full or portions of any software, music, movies, and images in accordance with HFCRDS' standards and copyright laws.

## **Reliability**

- I understand teachers and technicians do their best to ensure the availability and reliability of HFCRD'S IT resources; however, I also understand IT resources may be unavailable at times due to extenuating circumstances.
- I understand not all information on the Internet is true and accurate, therefore I will learn to assess the information that I find.
- I understand Network Administrators may review files and communications to maintain integrity of the system and to ensure responsible use.

## **Personally-Owned Devices**

Individuals may use their own personal electronic devices on the network. When using a personal mobile device, all of the above conditions apply, in addition to the following:

- I realize that by registering/using my personal device on the HolyFamily-Public network, the device can be monitored and my computing activities can be traced back to me.
- I will only connect to the wireless network, and not the wired network or any other external network, even though other networks from the neighborhood might be visible to me.
- I will ensure my personal device is equipped with current virus protection software if supported by the device.
- I will turn off all peer-to-peer sharing (music/video/gaming) software or web-hosting services on my device while connected to the HolyFamily-Public network.
- I will use my personal electronic device appropriately during class/business time. During non-instructional/non-work times, students and staff may use their personal electronic devices providing that they adhere to the expectations of this agreement.
- I understand the security, care, connectivity, and maintenance of my device is my responsibility.
- I understand HFCRD is not responsible for the loss, theft, or damage of my device.
- I understand technical support for my personal electronic devices is my responsibility.



**FORM 140-3**

**STAFF TECHNOLOGY RESPONSIBLE USE AGREEMENT**

---

**REQUIRED SIGNATURES**

I have read, understand, and will abide by the provisions and conditions of HFCRDS' Responsible Technology Use Agreement. I understand the inappropriate use of IT resources (equipment and/or the network) may result in suspension, cancellation of access privileges, and/or disciplinary/legal action. By signing below, I accept the conditions of this agreement.

Name (please print) \_\_\_\_\_

Site/Location: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

**1. Basic personal amount** – Every person employed in Alberta and every pensioner residing in Alberta can claim this amount. If you will have more than one employer or payer at the same time in 2023, see "More than one employer or payer at the same time" on page 2

**21,003**

---

**2. Age amount** – If you will be 65 or older on December 31, 2023, and your net income from all sources will be \$43,570 or less, enter \$5,853. You may enter a partial amount if your net income for the year will be between \$43,570 and \$82,590. To calculate a partial amount, fill out the line 2 section of Form TD1AB-WS, Worksheet for the Alberta 2023 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:** \$1,617 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 \$16,201.

---

**5. Spouse or common-law partner amount** – Enter the difference between the amount on line 1 and your spouse's or common-law partner's estimated net income for the year if **all** of the following conditions apply:

- You are supporting your spouse or common-law partner
- Your spouse or common-law partner lives with you
- Your spouse's or common-law partner's net income for the year will be less than the amount on line 1

---

**6. Amount for an eligible dependant** – Enter the difference between the amount on line 1 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
- The dependant 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

---

**7. Caregiver amount** – Enter \$12,158 if you are taking care of a dependant and **all** of the following conditions apply:

- The dependant is your or your spouse's or common-law partner's parent or grandparent (aged 65 or older) or an infirm relative (aged 18 or older)
- The dependant lives with you
- The dependant has a net income of \$19,331 or less for the year

You may enter a partial amount if the dependant's net income for the year will be between \$19,331 and \$31,489. To calculate a partial amount, fill out the line 7 section of Form TD1AB-WS.

---

**8. Amount for infirm dependants age 18 or older** – Enter \$12,158 if you are supporting an **infirm** dependant and **all** of the following conditions apply:

- The dependant lives in Canada and is related to you or your spouse or common-law partner
- The dependant is 18 years or older
- The dependant has a net income of \$8,032 or less for the year

You may enter a partial amount if the infirm dependant's net income for the year will be between \$8,032 and \$20,190. To calculate a partial amount, fill out the line 8 section of Form TD1AB-WS. You **cannot** claim an amount for a dependant you claimed on line 7.

---

**9. 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.

---

**10. 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.

---

**11. TOTAL CLAIM AMOUNT** – Add lines 1 to 10.

Your employer or payer will use your claim amount to determine the amount of your provincial tax deductions.

**Filling out Form TD1AB**

Fill out this form if you have income in Alberta 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 TD1AB, 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 TD1AB for 2023, 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 TD1AB, check this box, enter "0" on line 11 and do not fill in lines 2 to 10

**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 11. 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 TD1.

**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](https://canada.ca/cra-forms-publications) or call 1-800-959-5525.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to 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. 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 Info Source at [canada.ca/cra-information-about-programs](https://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.**



## 2023 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	
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 enter a basic personal amount of \$15,000. However, if your net income from all sources will be greater than \$165,430 and you enter \$15,000, 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 \$165,430, you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2023 Personal Tax Credits Return, and enter the calculated amount here.</p>							
<p><b>2. Canada caregiver amount for infirm children under age 18</b> – Only one parent may claim \$2,499 for each infirm child born in 2006 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.</p>							
<p><b>3. Age amount</b> – If you will be 65 or older on December 31, 2023, and your net income for the year from <b>all</b> sources will be \$42,335 or less, enter \$8,396. You may enter a partial amount if your net income for the year will be between \$42,335 and \$98,309. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.</p>							
<p><b>4. Pension income amount</b> – 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 <b>whichever is less</b>: \$2,000 or your estimated annual pension income.</p>							
<p><b>5. Tuition (full-time and part-time)</b> – 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.</p>							
<p><b>6. Disability amount</b> – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,428.</p>							
<p><b>7. Spouse or common-law partner amount</b> – Enter the difference between the amount on line 1 (line 1 plus \$2,499 if your spouse or common-law partner is <b>infirm</b>) and your spouse's or common-law partner's estimated net income for the year if <b>both</b> of the following conditions apply:</p> <ul style="list-style-type: none"><li>You are supporting your spouse or common-law partner who lives with you</li><li>Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,499 if your spouse or common-law partner is <b>infirm</b>)</li></ul> <p>In all cases, go to line 9 if your spouse or common-law partner is <b>infirm</b> and has a net income for the year of \$26,782 or less.</p>							
<p><b>8. Amount for an eligible dependant</b> – Enter the difference between the amount on line 1 (line 1 plus \$2,499 if your eligible dependant is <b>infirm</b>) and your eligible dependant's estimated net income for the year if <b>all</b> of the following conditions apply:</p> <ul style="list-style-type: none"><li>You do <b>not</b> have a spouse or common-law partner, or you <b>have</b> a spouse or common-law partner who does not live with you and who you are not supporting or being supported by</li><li>You are supporting the dependant who is related to you and lives with you</li><li>The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,499 if your dependant is <b>infirm</b> and you <b>cannot</b> claim the <b>Canada caregiver amount for infirm children under 18 years of age</b> for this dependant)</li></ul> <p>In all cases, go to line 9 if your dependant is <b>18 years or older, infirm</b>, and has a net income for the year of \$26,782 or less.</p>							
<p><b>9. Canada caregiver amount for eligible dependant or spouse or common-law partner</b> – Fill out this section if, at any time in the year, you support an <b>infirm</b> eligible dependant (aged 18 or older) or an <b>infirm</b> spouse or common-law partner whose net income for the year will be \$26,782 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.</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 <b>infirm</b> dependant age 18 or older (<b>other than</b> 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 \$17,499) whose net income for the year will be \$18,783 or less, enter \$7,999. You may enter a partial amount if their net income for the year will be between \$18,783 and \$26,782. 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.</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 their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.</p>							
<p><b>12. Amounts transferred from a dependant</b> – 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.</p>							
<p><b>13. TOTAL CLAIM AMOUNT</b> – Add lines 1 to 12.</p> <p>Your employer or payer will use this amount to determine the amount of your tax deductions.</p>							

**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 2023, 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 2023?

- ☐ 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 \$15,000. 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, 2023 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2023. 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 2023:

- \$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 for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to 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. 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 Info Source at **canada.ca/cra-information-about-programs**.

**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 \_\_\_\_\_



## **DIRECT DEPOSIT AUTHORIZATION**

***PLEASE ATTACH VOID CHEQUE OR BANKING INFORMATION***

Employee Name \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

You are hereby authorized to deposit my net pay directly to the bank account identified as attached.

It is the responsibility of the employee to ensure that deposit of money has entered your bank account each month. You will be required to fill out a new Direct Deposit Authorization if there are any changes to your banking information.

\_\_\_\_\_  
Employee Signature

---

## **ELECTRONIC DISTRIBUTION OF EMPLOYEE T4 CONSENT**

Holy Family Catholic Regional Division No. 37 requests your consent to send your employment T4 tax slip electronically on the new employee self-service portal. Your consent is required to comply with Canada Revenue Agency regulations in the distribution of T4s to employees.

By consenting, you accept that you will not receive a paper copy in the mail. Rather, you acknowledge that an email notification will be sent to you when your T4 has been generated to your secured employee self-service portal site.

☐ I prefer to receive my T4 electronically.

☐ I prefer to receive my T4 by mail.

\_\_\_\_\_  
Employee Signature

For further information on the Canada Revenue Agency regulation, please visit <http://www.cra-arc.gc.ca/tx/bsnss/tpcs/pyrll/rtrns/t4/slps/dstrbt-eng.html>. Your personal information has been gathered in accordance with the Freedom of Information and Protection of Privacy Act (FOIP) and will only be used to send employment related information. Questions, please call 780-624-3956 or email [hfcrd@hfcrd.ab.ca](mailto:hfcrd@hfcrd.ab.ca)