



## CASUAL SUPPORT STAFF APPLICATIONS

Individuals who are interested in applying to work as a support staff casual, must submit a fully completed **Casual Support Staff Application** along with all required documentation.

The following is a description of the documents that must be submitted with the application package:

✦ **CRIMINAL RECORD CHECK**

Applicants must submit a copy of a Criminal Record Check (including vulnerable sector) which was completed within the last six (6) months. A Criminal Record Check can be requested at your local police or RCMP detachment.

✦ **INTERVENTION RECORD CHECK**

Applicants are requested to provide a copy of an Intervention Record Check which is current within the last six (6) months. Intervention Record Checks can be requested at your local children's services branch.

✦ **NEW EMPLOYEE INFORMATION FORM**

We require that a void cheque, photocopy of a cheque, or bank direct deposit pre-authorization form be attached.

✦ **TD1 & TD1 AB PERSONAL TAX CREDITS RETURNS**

Required as per government regulations.

✦ **FORM 140-2 ACCEPTABLE USE OF TECHNOLOGY AGREEMENT**

Required for all staff.

Forward completed application packages to:

St. Thomas Aquinas Roman Catholic Schools, 4906 – 50 Ave., Leduc, AB, T9E 6W9

Fax: 780.986.8620

Email: [susan.baudin@starcatholic.ab.ca](mailto:susan.baudin@starcatholic.ab.ca)

**Successful applicants** will be notified of acceptance via mail or email. Your contact information will be forwarded to the schools selected on the application form.

*A school representative will contact you directly for casual assignments.*

It is critical that you contact our office when you have changes to your information, or if you wish to be removed from our casual support staff list at any time throughout the school year.

A renewal form will be sent out prior to each new school year. Should you wish to remain on the casual support staff list for the following school year, the renewal form is required to be completed and returned by the indicated date.

December 11, 2018



## ST. THOMAS AQUINAS ROMAN CATHOLIC SCHOOLS CASUAL SUPPORT STAFF APPLICATION

Applications may be submitted via: Email: [susan.baudin@starcatholic.ab.ca](mailto:susan.baudin@starcatholic.ab.ca) / Fax: 780.986.8620 / Mail: 4906 - 50 Avenue, Leduc, AB T9E 6W9

<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.		<b>CONTACT INFORMATION:</b>	
Last Name:		Home Phone:	
First Name:		Cell Phone:	
Address:		Email Address:	
City/Town:			
Province:		Postal Code:	
Social Insurance No.: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>			
Date of Birth YYYYMMDD _____ / _____ / _____			
Canadian Citizenship <input type="checkbox"/> Yes <input type="checkbox"/> No If no please provide details _____			
Clerical: <input type="checkbox"/> Yes <input type="checkbox"/> No		Custodial: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Educational Assistant: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CHECK PREFERRED SCHOOLS</b>		<b>CHECK PREFERRED SCHOOLS</b>	
<b>GRADES</b>		<b>GRADES</b>	
<input type="checkbox"/> Notre Dame School (Leduc)	Pre-K - 6	<input type="checkbox"/> STAR Catholic Outreach School (Leduc)	10 - 12
<input type="checkbox"/> St. Benedict School (Leduc)	Pre-K - 6	<input type="checkbox"/> Father Lacombe School (Lacombe)	K - 9
<input type="checkbox"/> Christ The King Jr/Sr High School (Leduc)	8 - 12	<input type="checkbox"/> Holy Trinity Academy (Drayton Valley)	9 - 12
<input type="checkbox"/> Sacred Heart School (Wetaskiwin)	K - 9	<input type="checkbox"/> Académie SAINT-ANDRÉ Academy (Beaumont)	K - 4
<input type="checkbox"/> St. Augustine School (Ponoka)	Pre-K - 12	<input type="checkbox"/> Father Leduc Catholic School (Leduc)	K - 7
<input type="checkbox"/> St. Anthony School (Drayton Valley)	Pre-K - 8	<input type="checkbox"/> École Mother d'Youville School (Beaumont) *new 2017-2018	5 - 9
I am Catholic <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Specialties:</b>			
<p><b>Note:</b> This information is being collected and used in accordance with Section 33(c), 34 (n) and 38 of the Freedom of Information and Protection of Privacy Act (1997). Information will be shared with school division employees who are responsible for contacting substitutes. Your personal information will be protected as per Part 2 of the Act. For further information concerning the information collected on the form, please contact the FOIP Coordinator for St. Thomas Aquinas Catholic Schools, 4906 50 Avenue Leduc, Alberta T9E 6W9, (780)986-2500, Toll Free: 1-800-583-0688.</p>			
<b>APPLICANT SIGNATURE:</b>		<b>DATE:</b>	
<p><b>IMPORTANT:</b> In order for applicants to be considered as casual support staff within our division, this Substitute Support Staff Application Form <b>MUST be fully completed and forwarded with the following documents listed below.</b></p>			
<input type="checkbox"/> Support Staff Application Form (See following form)	<input type="checkbox"/> Criminal Record Check (including vulnerable sector (conducted within the last 6 months))	<input type="checkbox"/> Intervention Record Check (conducted within the last 6 months)	<input type="checkbox"/> New Employee Information Form (See following form)
			<input type="checkbox"/> TD1 & TD1AB Forms (See following forms)
			<input type="checkbox"/> Form 140-2 (See following form)
<p><b>FOR INTERNAL USE ONLY:</b> REFERENCE CHECK <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Approved: _____ Yes _____ No		Signature: _____ Date: _____	

## SUPPORT STAFF APPLICATION FORM



SAINT THOMAS AQUINAS  
ROMAN CATHOLIC SCHOOLS

### Position applying for:

- Educational Assistant     Receptionist     Custodian  
 Librarian     Secretary     Other

### Personal Data

Surname	Given Name	Middle Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone Number	Cell Phone Number	E-mail	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Education / Training

Highest Grade Completed

Additional Education

Institution	Program	Diploma or Certificate	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been charged under the Criminal Code?

- Yes     No

Do you have an Intervention Services Record in Alberta indicating that you might have caused a child to need intervention?

- Yes     No

Please indicate if you are proficient with the following:

	English	French	Other Language
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please list any volunteer or other experience you have:

### References

Please provide the names of two work-related references.

Name	Phone	Alternate Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Organization	Position	Relationship to Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Phone	Alternate Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Organization	Position	Relationship to Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Previous Experience

List positions you have held beginning with the most recent position.

Position Title	Employer	Employment Dates: from __ to __
<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor	Phone Number	May we approach this employer for a reference?
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

Reason for leaving

Position Title  Employer  Employment Dates: from \_\_ to \_\_

Supervisor  Phone Number  May we approach this employer for a reference?  
 Yes  No

Reason for leaving

Position Title  Employer  Employment Dates: from \_\_ to \_\_

Supervisor  Phone Number  May we approach this employer for a reference?  
 Yes  No

Reason for leaving

**Declaration of Applicant**

**As indicated by my signature below, I declare the following:**

The information given in this application is correct, without material omissions of any kind. I understand that failure to accurately and fully complete my application in its entirety may disqualify me from consideration for employment or may be cause for dismissal if information provided is found to be untrue or misleading.

I freely and voluntarily consent to having my application reviewed by participants involved in determining my suitability, eligibility, or qualifications for employment with STAR Catholic Schools.

I give STAR Catholic Schools permission to contact my listed references for the purpose of obtaining job related reference information including educational history, employment history, work performance and attendance records.

I authorize these people to disclose this information and this constitutes my consent to this release, including my consent pursuant to the *Freedom of Information and Protection of Privacy Act*.

I understand that confidential reference reports provided to STAR Catholic Schools in connection with my application for employment will not be made available to me.

Last Name (please print)

First Name (please print)

Signature \_\_\_\_\_

Date \_\_\_\_\_

STAR Catholic Schools reserves the right to make a thorough investigation regarding any information pertaining to an applicant that it deems relevant to the position sought and will contact persons and organizations provided by an applicant for the purpose of obtaining job-related information including educational history, employment history, work performance and attendance records. Information gathered during a reference check will be used solely to determine suitability, eligibility, or qualifications for employment with STAR Catholic Schools. Reference checks will be completed in confidence and information gathered will be retained in confidence by STAR Catholic Schools.



ST. THOMAS AQUINAS ROMAN CATHOLIC SCHOOLS

NEW EMPLOYEE INFORMATION OR

CHANGE OF EMPLOYEE INFORMATION

Please complete and forward to the Payroll Department as soon as possible.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Gender:  Male  Female

Social Insurance No.: [ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ] Birth Date: [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ]  
Y Y Y Y M M D D

Position Hired For: \_\_\_\_\_ FTE: \_\_\_\_\_

School Working At: \_\_\_\_\_ Start Date: [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ]  
Y Y Y Y M M D D

TEACHERS ONLY

Teaching Certificate Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Alberta Interim Professional Certificate Expiration Date: [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ] or  Permanent  
Y Y Y Y M M D D

Teaching Education:  [ ][ ] No. of Years Teaching Experience:  [ ][ ] No. of Years

\*Teachers must provide copies of their Teacher Qualification Statement, Teacher Certificate and letters of experience for grid placement.

BANKING INFORMATION

Mailing Address: \_\_\_\_\_  
(if different from address above)

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Please attach a photocopy or a voided cheque for the bank account and complete the following information.

Name of Bank for Cheque Deposit: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number of Bank: \_\_\_\_\_ Fax Number of Bank: \_\_\_\_\_

Bank No.: \_\_\_\_\_ (3 Digits) Bank Transf No.: \_\_\_\_\_ (5 Digits) Bank Account No: \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

This information is collected and distributed in accordance with the Freedom of Information and Protection of Privacy (FOIP) Act, Sections 33(c) and 38. Your personal information will be protected as per Part 2 of the Act. For further information concerning the information collected on the form, please contact the FOIP Coordinator for St. Thomas Aquinas Catholic Schools, 4906 - 50 Avenue, Leduc, Alberta, T9E 6W9, Phone: (780)986-2500, Toll Free: 1-800-583-0688



2020 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.

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 2020, 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>12,298</b>	
<p><b>2. Canada caregiver amount for infirm children under age 18</b> – Either parent (but not both), may claim \$2,273 for each infirm child born in 2003 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, 2020, and your net income for the year from all sources will be \$38,508 or less, enter \$7,637. If your net income for the year will be between \$38,508 and \$89,422 and you want to calculate a partial claim, get Form TD1-WS, Worksheet for the 2020 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 and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$8,576.</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 \$12,298 (\$14,571 if they are <b>infirm</b>), enter the difference between this amount and their estimated net income for the year. If their net income for the year will be \$12,298 or more (\$14,571 or more if they are <b>infirm</b>), you cannot claim this amount. In all cases, if their net income for the year will be \$24,361 or less <b>and</b> they are <b>infirm</b>, 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 \$12,298 (\$14,571 if they are <b>infirm</b> and you <b>cannot claim the Canada caregiver amount for children under age 18 for this dependant</b>), enter the difference between this amount and their estimated net income. If their net income for the year will be \$12,298 or more (\$14,571 or more if they are <b>infirm</b>), you cannot claim this amount. In all cases, if their net income for the year will be \$24,361 or less <b>and</b> they are <b>infirm and is age 18 or older</b>, 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 <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 \$24,361 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 <b>infirm</b> dependant age 18 or older (<b>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 \$14,571</b>) whose net income for the year will be \$17,085 or less, enter \$7,276. If their net income for the year will be between \$17,085 and \$24,361 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 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 <b>disability amount</b> 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 <b>tuition amount</b> on their income tax and benefit 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>								



**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 2020, 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 2020?

- 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 \$12,298, 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 \$12,298), 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 2020, you may be able to claim the child amount on Form TD1SK, 2020 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 2020, 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 and benefit 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 and benefit 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 (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 the right to access their personal information, request correction, or file a complaint to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source 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 \_\_\_\_\_

It is a serious offence to make a false return.

Date \_\_\_\_\_

YYYY/MM/DD



**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 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 2020, see "More than one employer or payer at the same time" on page 2.

**19,369**

**2. Age amount** – If you will be 65 or older on December 31, 2020, and your net income from all sources will be \$40,179 or less, enter \$5,397. If your net income for the year will be between \$40,179 and \$76,159 and you want to calculate a partial claim, get Form TD1AB-WS, Worksheet for the 2020 Alberta Personal Tax Credits Return, and fill in the appropriate section.

**3. Pension income amount** – 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 \$1,491, or your estimated annual pension income, whichever is less.

**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 \$14,940.

**5. Spouse or common-law partner amount** – 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 \$19,369, enter the difference between \$19,369 and their estimated net income. If their net income for the year will be \$19,369 or more, you cannot claim this amount.

**6. Amount for an eligible dependant** – 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 \$19,369, enter the difference between \$19,369 and their estimated net income. If their net income for the year will be \$19,369 or more, you cannot claim this amount.

**7. Caregiver amount** – If you are taking care of a dependant who lives with you, whose net income for the year will be \$17,826 or less, and who is either your or your spouse's or common-law partner's:

- parent or grandparent (aged 65 or older)
- relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$11,212

If the dependant's net income for the year will be between \$17,826 and \$29,038 and you want to calculate a partial claim, get Form TD1AB-WS and fill in the appropriate section.

**8. Amount for infirm dependants age 18 or older** – 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 \$7,407 or less, enter \$11,212. 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 \$7,407 and \$18,619 and you want to calculate a partial claim, get Form TD1AB-WS and fill in the appropriate section.

**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 **only** if you are an employee working in Alberta or a pensioner residing 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 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 2020, 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 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 and benefit 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 (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 the right to access their personal information, request correction, or file a complaint to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source 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 \_\_\_\_\_

It is a serious offence to make a false return.

Date \_\_\_\_\_



**ST. THOMAS AQUINAS CATHOLIC SCHOOLS  
STAFF RESPONSIBLE USE AGREEMENT**

*All staff granted access to STAR Catholic Information Resources must follow the responsible use rules below:*

<b>General</b>	<ul style="list-style-type: none"> <li>◆ Division information resources are provided for the express purpose of conducting the business and mission of the Division. Resources are not to be used for improper purposes and all laws and existing Division policies apply to conduct while using Division information resources. Improper use or behaviour includes, but is not limited to, the following:             <ul style="list-style-type: none"> <li>• creating, displaying, viewing, storing, disseminating or otherwise handling obscene, hateful, pornographic or otherwise illegal materials</li> <li>• using the information resources to perpetrate any form of fraud or software, film or music piracy</li> <li>• using the information resources to harass others</li> <li>• publishing defamatory or knowingly false information about the Division, Division employees or others on any social media or online publishing site</li> <li>• circumventing Division security measures</li> <li>• undertaking activities which degrade or affect the availability or accessibility of Division information resources</li> <li>• deliberately introducing malicious software or code into Division information resources</li> <li>• engaging in any illegal activity using Division information resources</li> </ul> </li> <li>◆ Incidental personal use of electronic mail and internet access is permitted by the Division but it must not interfere with normal performance of duties, must not result in direct costs to the Division, and must not expose the Division to risks.</li> <li>◆ If it is anticipated that questionable materials may be accessed in the course of instruction, written, advance approval of a principal or direct supervisor is required.</li> <li>◆ Information resources must not be used to conduct any business which is for the exclusive benefit of individuals or for organizations that are not part of the Division.</li> <li>◆ All messages, files and documents stored on Division information resources, including personal messages, files and documents, are the property of the Division and are subject to Division review at any time. Employees should have no expectation of privacy with respect to messages, files and documents stored on Division information resources.</li> </ul>
<b>Data storage and encryption</b>	<ul style="list-style-type: none"> <li>◆ All Confidential Information transmitted over external networks shall be encrypted. <b>“Confidential information”</b> means information learned or obtained in the course of employment with the Division that is not a matter of common knowledge, or not readily available to those outside the Division or the unauthorized use or disclosure of which could cause serious damage to the Division, or an individual. It may include, but is not limited to, personal information regarding students, parents or staff.</li> <li>◆ Confidential information shall not be sent or forwarded through non-Division email accounts provided by other Internet Service Providers, and shall not be knowingly transmitted via wireless networks to or from a portable computing device unless approved wireless transmission protocols and security techniques are utilized.</li> </ul>
<b>Data Protection</b>	<ul style="list-style-type: none"> <li>◆ All electronic data utilized or developed to support Division operations shall be saved on Division network servers to ensure backup of the data.</li> <li>◆ Any files stored with external storage providers such as Google shall be backed up by the user. Backup or restoration of such data is not the responsibility of the Division.</li> <li>◆ Any data stored on servers outside the Division such as Google shall not be considered confidential as it could be accessed by others according to the laws of the host country (where the files are stored).</li> <li>◆ Intentionally accessing data or programs contained on systems without appropriate authorization is prohibited.</li> </ul>
<b>Virus Protection</b>	<ul style="list-style-type: none"> <li>◆ All computing devices, including personally owned devices connecting to the Division network, must run current virus protection software acceptable to the Division. Devices found without acceptable virus protection software or infected with a virus or other malicious code will be disconnected from the Division network until deemed safe by the Technology Department.</li> <li>◆ Under no circumstances shall virus protection software be in any way intentionally circumvented or disabled.</li> </ul>
<b>Email</b>	<ul style="list-style-type: none"> <li>◆ The following email activities are prohibited:             <ul style="list-style-type: none"> <li>• Reading another user's email unless authorized to do so by the owner of the email account, or as authorized by the Division for investigation purposes;</li> <li>• Posing as anyone other than oneself when sending email;</li> <li>• Using email for purposes of political lobbying or campaigning;</li> <li>• Sending unsolicited messages to large groups except as required when conducting Division business;</li> <li>• Sending excessively large messages or attachments unless in performance of official Division business;</li> <li>• Sending or forwarding email that is likely to contain computer viruses;</li> </ul> </li> </ul>
<b>Storage of Personal data</b>	<ul style="list-style-type: none"> <li>◆ Non-Division related information should not be stored on Division network file servers. The Division assumes no responsibility to backup or restore personal data.</li> <li>◆ Any files, messages or documents residing on Division computers may be subject to public information requests and may be accessed by the Division. Division email accounts should not be used for personal email correspondence that is confidential in nature.</li> </ul>

<b>Division Mobile Device Security</b>	<ul style="list-style-type: none"> <li>◆ All Division owned mobile devices must be protected against unauthorized access. Reasonable efforts must be made to use passwords, encryption and physical security means wherever reasonable and in accordance with Division policy.</li> <li>◆ In the event that a Division mobile device is lost, stolen or otherwise misplaced, the Division must be notified as soon as reasonable in order that the Division may take action to protect the content of those devices.</li> </ul>
<b>Internet Use</b>	<ul style="list-style-type: none"> <li>◆ User activity may be subject to logging and review.</li> <li>◆ Statements or opinions made online shall not imply that such statements or opinions are those of the Division, unless so authorized in writing by the Division. A disclaimer shall be used at all times that states that the statements or opinions expressed are personal and do not represent those of the Division.</li> </ul>
<b>Personally Owned Devices</b>	<ul style="list-style-type: none"> <li>◆ Individuals wishing to use personally owned devices for the purposes of Division business, or wishing to connect personally owned devices to Division networks or servers must agree to the conditions in this Agreement. By using a personally owned device for the purposes of Division business or by connecting a personally owned device to the Division network or server, the user is deemed to have agreed to the conditions in this Agreement.</li> <li>◆ All personally owned devices accessing Division networks or servers shall be password protected</li> <li>◆ All personally owned devices shall encrypt all confidential information to ensure that the integrity of the data is not compromised in the event that the device is lost, stolen or otherwise misplaced.</li> <li>◆ The Division is not responsible for the loss, theft or damage of a personally owned device.</li> <li>◆ It is a condition of this Agreement that all users of personally owned devices which are used for the purposes of Division business or are connected to Division networks or servers agree that their personally owned device(s) may be subject to access by Division personnel when reasonable grounds exist to believe that there has been a breach of this Agreement, any other Division policy, regulation or rule or any applicable law.</li> <li>◆ Personally owned devices shall at no time be connected to any Division wired network, and shall only connect to Division wireless networks designated from time to time as appropriate for personally owned devices.</li> <li>◆ Any device that has been rooted or jailbroken will be restricted from access to Division information resources.</li> </ul>
<b>Passwords</b>	<ul style="list-style-type: none"> <li>◆ Every account password, any personal identification numbers (PIN), security token or any other similar information or device used for identification and authorization purposes must not be shared and shall be unique to the individual user. Each user is responsible for all activities conducted using his or her account(s).</li> <li>◆ Users shall not circumvent password entry through use of auto logon, application "remember password" features, embedded scripts or hard-coded passwords in client software.</li> </ul>
<b>Security</b>	<ul style="list-style-type: none"> <li>◆ Security programs or utilities that reveal or exploit weaknesses in the security of a system or that reveal data by circumventing established authorization procedures and systems shall not be downloaded and/or used. The use of password cracking programs, packet sniffers, or port scanners on Division networks is not permitted.</li> <li>◆ Users must report any identified weaknesses in Division security and any incidents of possible misuse or violation of this agreement to a manager or principal.</li> <li>◆ Where technically feasible, all laptops or other personal digital devices should be secured with a password-protected screensaver for personal protection.</li> </ul>

**User Acknowledgment**

I acknowledge that I have received and read this Agreement and agree with the terms contained herein. I understand that I must comply with the Agreement when accessing and using Division information resources and my failure to comply with the Agreement may result in appropriate disciplinary action, up to and including termination of employment.

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

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

Print Name: \_\_\_\_\_