

DIRECTIVE RESPECTING CONFIDENTIALITY

During the course of your employment with Mohawk College and in particular the Human Resources Department, certain personal or confidential College information may be disclosed to you or you may have access to such information in hard copy format electronically.

Personal information is information about an identifiable individual includes the name, address, social insurance number, student number or other identifying number respecting an individual, the telephone number, educational history, employment history, medical or any other information personal to the individual. It does not include business contact information (business address, e- mail and telephone number or business title).

Confidential College information relates to any internal business dealings or external business dealings including contracts, employment issues, plans, proposals or other information, whether contained in letters, contracts, memos or other hard copy or electronic documents, or overheard in conversations where such information pertains to the College's operations and has not been made public.

IT IS THE OBLIGATION EVERY EMPLOYEE WHO HAS ACCESS TO PERSONAL INFORMATION OR CONFIDENTIAL COLLEGE INFORMATION, OR TO WHOM SUCH INFORMATION IS DISCLOSED IN THE COURSE OF HIS/HER EMPLOYMENT, TO MAINTAIN SUCH INFORMATION IN CONFIDENCE and to use such information only for the purposes for which it was disclosed to the employee during the course of his/her employment.

That is, the employee is not precluded from using or disclosing such information if such use or disclosure is required as part of the employee's work duties.

This obligation to maintain personal and confidential College information in confidence is imposed not just by this directive, but by the *Freedom of Information and Protection of Privacy Act*.

Any violation of this Directive by disclosing personal or confidential College information will result in serious disciplinary consequences up to and including dismissal.

Any employee who has any question pertaining to this directive or whether any information is covered by the terms of this Directive should contact the Human Resources Department.

Acknowledgement by Employee

I hereby acknowledge that I have received a copy of the above noted directive and that I have read, understand, and agree to comply with this Directive.

Date: _____

Employee Name: _____

Department: _____

Employee Signature: _____

NOTES TO SUPERVISORS

As per Ministry requirements, funding for the CSEP program is based on students meeting specific criteria. Students:

- Must have demonstrated financial need (students must have completed the Financial Assistance Profile along with applying for a position)
- Must be in good academic standing
- Must be registered in a full-time post-secondary or continuing education program

If criteria is not met, it the department's responsibility to cover any departmental needs as required. Contracts will be processed by the CSEP administrator once eligibility has been finalized and all documentation is fully completed. Any missing/incorrect information will result in the contract being sent back for revision and may cause a processing delay.

Please see the next page for the part-time employment contract template.

Administrative Manager Name

Administrative Manager Signature

PART-TIME EMPLOYMENT CONTRACT

A fully completed Part-Time Employment Contract and the employee's signed acceptance must be received in Human Resources prior to any payments being processed. **Part-Time Support Glossary for terms available at the end of the document. Print this page, complete the approvals section and forward it to Human Resources.**

Section 1 – Staff Member Details							
Staff Member Name:							
Previous Staff Member?		Employee #:					
Current Student?		Student #:					
**Social Insurance Number:							
**Date of Birth:							
**Street Address:							
Province:							
Postal Code:							
Home Phone Number:							
Mobile Phone Number:							
Section 2 – Type of Employment							
**Type of Appointment:	Support						
**Category of Employment							
**Classification	N/A						
Support Position Number:							
Police Check Required?							
Vacation Pay:							
Union Dues:							
Section 3 – Details of Employment (Note: FOAPAL to be completed by CSEP Administrator)							
**Org. Number/Name/Dept.:				Location:			
**Start Date:							
**End Date:							
**Rate of Pay:							
Position Title and Hours Worked Per Week:							
Normal Days of Work:							
Account Number (FOAPAL):	1100						
Account Number (FOAPAL):							
Account Number (FOAPAL):							
Account Number (FOAPAL):							
Comments:							
Recommended By:							
Section 4 – Terms and Continuation of Employment							
Termination: The terms and continuation of your appointment is not guaranteed. Your appointment may be terminated prior to the end of the term either by the College providing the minimum amount of termination pay/pay in lieu of notice and severance pay as set out in the Employment Standards Act 2000, or at any time without notice for just cause. This contract serves as notice of termination. Termination date of this contract and your employment will be as of the end date indicated above.							
Section 5 - Approvals							
Approver's Signature:				Date:			
Approver's Name:				Extension:			
Originator's Name:				Extension:			
Staff Member's Acceptance: I accept the appointment as noted above and I have received the College's Conflict of Interest Policy. Please refer to the Part-Time Support Collective Agreement if applicable.							
Staff Member's Signature:				Date:			
Signed original must be forwarded to Human Resources, with copies retained by Department and Staff Member. All fields with ** are MANDATORY. Any missing/incorrect information will result in the contract being sent back for revision and may cause a processing delay. <div style="text-align: right;">Version Date: April 8, 2019</div>							
Note: Employment income earned through the CSEP program is a financial resource and will be considered when reviewing your additional bursary and award funding offered through Mohawk College.							



CAAT Pension Election Form—DBplus Membership

As a part-time employee you are entitled to join the CAAT Pension DBplus Plan. DBplus is a defined benefit pension plan. If you join, 9% of your applicable earnings will be contributed each pay—Mohawk College will match the contributions dollar for dollar. Membership in the plan is 100% optional.

Important things to note prior to joining:

- Once you elect to join the CAAT Pension Plan, you can't opt out.
- If you do not join when enrolment is first offered, you may join the CAAT Pension Plan, subject to its terms, at any time during your employment.
- If you terminate employment, your membership with CAAT Pension continues for 24 months, which may limit the payment options available to you during this time. If you're eligible to retire when your employment terminates, or during the 24 month extension of membership, you can elect to collect your pension.
- If you are already a member of the CAAT Pension Plan through another college or participating employer, or if you already have an entitlement under CAAT Pension, it is your responsibility to notify Mohawk College immediately so contributions can be made.
- When completing the enrolment form, if you have a spouse, please do not list your spouse as your beneficiary. Ontario pension legislation ensures that your spouse is your beneficiary.

Please note that it is your responsibility to determine if joining DBplus is right for you. To review more information about the plan, please visit CAAT's website or their member's handbook:

<https://www.caatpension.on.ca/en/members> <https://www.caatpension.on.ca/en/members/member-handbook>

To join the CAAT Pension Plan (DBplus), please complete the enrolment form. You can access the form on CAAT's website by clicking [here](#).

The completed enrolment form must be returned to Human Resources (F102, Fennell Campus) in person, or by providing an electronic document to compbenefits@mohawkcollege.ca. The form will be processed on the next available pay.

If you have any additional questions, please contact Compensation & Benefits at compbenefits@mohawkcollege.ca.

I confirm that I have read the information provided with respect to the CAAT Pension Plan.

Employee Signature



Human Resources Branch

Application for Employment

(attach resumé to application)

DISCLAIMER

Collection and Use of Personal Information

Mohawk College maintains the security and confidentiality of records -- electronic and printed -- containing personal information you submit to Mohawk's recruitment data system. Sole users of your data are authorized Mohawk College staff, including Human Resources and selection committee staff, for purposes directly related to Mohawk's recruitment processes, i.e., contacting applicants and determining an applicant's educational and work history. Upon employment with Mohawk College, the personal information and documents you submit in the application process, including your resumé, work history, references and personal contact information will be placed in Mohawk's Employee Records file and used for purposes of human resources management.

PERSONAL DATA

Position Applied For:

How did you become aware of the competition? (specify source):

Date available for employment:

Last Name:

First Name:

Mailing Address:

City or Town:

Province:

Postal Code:

Please list your preferred method of contact:

Telephone #:

Cell #:

Email Address:

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Are you employed by Mohawk?

☐

Presently

☐

Previously

Are you legally entitled to work in Canada?

☐

Yes

☐

No

Have you ever been convicted of a criminal offence for which you have not been pardoned? Yes ☐ No ☐

If yes, state details (when/for what?):

Please list your current and previous employers from most recent FIRST and account for complete employment record.

EMPLOYMENT HISTORY

Employer #1:

Company/Organization:

Job Title/Position Held:

Month/Year - Month/Year

Duties:

Reasons for Leaving Employer:

Reference # 1 Information:
Name:

Relationship:

Telephone #:

Email Address:

Reference #2 Information:
Name:

Relationship:

Telephone #:

Email Address:

Employer #2:

Company/Organization:

Job Title/Position Held:

Month/Year - Month/Year

Duties:

Reasons for Leaving Employer:

Reference 1 Information:
Name:

Relationship:

Telephone #:

Email Address:

Reference 2 Information:
Name:

Relationship:

Telephone #:

Email Address:

Employer #3:

Company/Organization:

Job Title/Position Held:

Month/Year - Month/Year

Duties:

Reasons for Leaving Employer:

Reference #1 Information:
Name:

Relationship:

Telephone #:

Email Address:

Reference #2 Information:
Name:

Relationship:

Telephone #:

Email Address:

I authorize Mohawk to contact my ☐ current and ☐ previous employers, as well as contact my references listed above ☐.

Date:

Signature:

Authorization

I authorize Mohawk to obtain factual information regarding me from others as permitted by law, to furnish others with particulars of the employment application and subsequent employment experience if applicable and to retain this application for Mohawk's records. I hereby declare that, to the best of my knowledge, the foregoing, as well as any attached documents (resume, etc.) are complete and accurate in every respect. I understand that a false statement may disqualify me from employment or cause my subsequent dismissal if I am employed by Mohawk.

I acknowledge and understand that if employed by Mohawk College, I will be expected to familiarize myself with, and follow, the College's policies and procedures. I further acknowledge that I understand that it is the expectation of Mohawk College that if I am employed by the College, I will conduct myself in a professional manner which is consistent with the College's vision, mission, values, Code of Conduct and role as a post secondary institution.

Date:

Signature:

MOHAWK COLLEGE OF APPLIED ARTS AND TECHNOLOGY

DIRECT DEPOSIT FORM

PAY GROUP: **Part-time**

Employee # _____ (9 digits)

Employee Name _____

Department _____

Name of Bank of Institution _____

Bank or Institution Address _____

FOR DEPOSIT INTO CHEQUING ACCOUNT, ATTACH VOID CHEQUE HERE:

FOR DEPOSIT INTO SAVINGS ACCOUNT, PLEASE OBTAIN BANKING INFORMATION FOR ELECTRONIC FUNDS TRANSFER FROM YOUR FINANCIAL INSTITUTION.

TO CHANGE BANKS, YOU MUST COMPLETE A NEW FORM

Once you are on direct deposit and you wish to change banks, you must notify Payroll Services BEFORE YOU CLOSE YOUR ACCOUNT. IF YOU DO NOT, your pay will be rejected by your bank causing a delay in your receiving that pay cheque.

Date _____ Signature _____

Please return completed form to Payroll Services, Fennell Campus F106



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	

1. Basic personal amount – 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.

12,069

2. Canada caregiver amount for infirm children under age 18 – 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.

3. Age amount – 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.

4. 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 \$2,000 or your estimated annual pension income, whichever is less.

5. Tuition (full time and part time) – 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.

6. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, Disability Tax Credit Certificate, enter \$8,416.

7. 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 \$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.

8. 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 \$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.

9. Canada caregiver amount for eligible dependant or spouse or common-law partner – 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.

10. Canada caregiver amount for dependant(s) age 18 or older – If, at any time in the year, you support an **infirm** dependant age 18 or older (**other than the spouse or common-law partner or eligible dependant you claimed an amount for on line 9, or could have claimed an amount for if 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.

11. Amounts transferred from your spouse or common-law partner – 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.

12. Amounts transferred from a dependant – 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.

13. TOTAL CLAIM AMOUNT – Add lines 1 to 12.
Your employer or payer will use this amount to determine the amount of your tax deductions.

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**.

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**.

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 Ontario and every pensioner residing in Ontario can claim this amount. If you will have more than one employer or payer at the same time in 2019, see "More than one employer or payer at the same time" on page 2.			10,582
2. Age amount – If you will be 65 or older on December 31, 2019, and your net income from all sources will be \$38,463 or less, enter \$5,166. If your net income for the year will be between \$38,463 and \$72,903 and you want to calculate a partial claim, get Form TD1ON-WS, Worksheet for the 2019 Ontario 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 \$1,463, or your estimated annual pension income, whichever is less.			
4. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, Disability Tax Credit Certificate, enter \$8,549.			
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 \$898 or less, enter \$8,985. If his or her net income for the year will be between \$898 and \$9,883 and you want to calculate a partial claim, get Form TD1ON-WS and fill in the appropriate section.			
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 \$898 or less, enter \$8,985. If his or her net income for the year will be between \$898 and \$9,883 and you want to calculate a partial claim, get Form TD1ON-WS and fill in the appropriate section.			
7. Ontario caregiver amount – You may be supporting an eligible infirm dependant aged 18 or older who is either your or your spouse's or common-law partner's: <ul style="list-style-type: none"> • child or grandchild • parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada If this is your situation, get Form TD1ON-WS and fill in the appropriate section.			
8. Amounts transferred from your spouse or common-law partner – 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.			
9. Amounts transferred from a dependant – If your dependant will not use all of his or her disability amount on his or her income tax return, enter the unused amount.			
10. TOTAL CLAIM AMOUNT – Add lines 1 to 9. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.			

Filling out Form TD1ON

Fill out this form **only** if you are an employee working in Ontario or a pensioner residing in Ontario and any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1ON, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

- ☐ If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1ON for 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 TD1ON, **check** this box, enter "0" on line 10 and do not fill in lines 2 to 9.

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 10. 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 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.

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 _____