



Sheridan

Non Full Time and Temporary Position Employee Form

Please check appropriate boxes and complete sections. Please attach supporting documents wherever applicable. See reverse for policy and instructions.

Employee or Student ID

<input type="checkbox"/>	New Hire* New Employees Attachments required: TD1, Direct Deposit Form, Reference Check	<input type="checkbox"/>	Rehire	<input type="checkbox"/>	Termination
<input type="checkbox"/>	Changes – use checkboxes below				

<input type="checkbox"/>	Surname:*	<input type="text"/>			First Name:*	<input type="text"/>							
<input type="checkbox"/>	Preferred Name:	<input type="text"/>	S.I.N#:	<input type="text"/>	Birthdate:*	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender*	<input type="checkbox"/>	F	<input type="checkbox"/>	M
						Mth	Day	Yr					

<input type="checkbox"/>	Address*:	<input type="text"/>			City*:	<input type="text"/>			Province*:	<input type="text"/>			
<input type="checkbox"/>	Postal Code*:	<input type="text"/>			Phone #:	<input type="text"/>							
<input type="checkbox"/>	Emergency Contact:	<input type="text"/>			Phone #:	<input type="text"/>							

<input type="checkbox"/>	Dept /School*:	<input type="text"/>			Trafalgar	<input type="checkbox"/>	Davis	<input type="checkbox"/>	STC	<input type="checkbox"/>	Other	<input type="checkbox"/>
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<input type="checkbox"/>	Job Title:*	<input type="text"/>			Manager Name:*	<input type="text"/>			MngriD:*	<input type="text"/>			
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<input type="checkbox"/>	Job Begin Date:*	<input type="text"/>	<input type="text"/>	<input type="text"/>	End Date:*	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Mth	Day	Yr		Mth	Day	Yr

<input type="checkbox"/>	Account:*	<input type="text"/>		%	<input type="text"/>
<input type="checkbox"/>	Account:*	<input type="text"/>		%	<input type="text"/>

<input type="checkbox"/>	Payband:*	<input type="text"/>	Pay Step:*	<input type="text"/>	Hourly Pay Rate:*	<input type="text"/>	Effective Date:*	<input type="text"/>
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<input type="checkbox"/>	Hours of Work:	<input type="checkbox"/>	regularly scheduled hours per Time Sheet Attached	<input type="checkbox"/>	hours vary weekly (timesheet required)
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<input type="checkbox"/>	Part-time (24 hrs/wk or less)	<input type="checkbox"/>	Co-op Work Term	<input type="checkbox"/>	Ontario Work Study Plan	<input type="checkbox"/>	Appendix G
<input type="checkbox"/>	Initiative/Opportunities Program	<input type="checkbox"/>	Current Student				

Comments/Reason for Adjustment: _____

Employee Signature: _____ Date: _____

I understand and accept the terms and conditions of employment as outlined on the reverse of this form

TERMINATION	Last day worked	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reason for leaving	<input type="text"/>	<input type="checkbox"/>	Record of Employment requested
		Mth	Day	Yr				

Prepared by: _____ Printed Name _____ Signature _____ Date: _____

Authorized by: _____ Printed Name _____ Signature _____ Date: _____

WELCOME TO SHERIDAN COLLEGE. WE HOPE YOU WILL FIND THIS ASSIGNMENT BOTH PERSONALLY AND PROFESSIONALLY REWARDING.

TERMS AND CONDITIONS OF EMPLOYMENT AND RELATED POLICIES

Part-time pay policy: All part-time employees will be paid according to the Pay Equity compliant policy: REF. C.2.3. Management Resource Guide (July 1998). Please consult with your manager. Payment will be made by direct deposit to the employee's banking institution on a biweekly basis.

Statutory Holidays: Where an employee is scheduled to work on a regularly scheduled statutory holiday and where the employee works their scheduled day before and after a statutory holiday, they are eligible for statutory holiday payment. The payment of statutory holidays is not intended to increase or decrease the employee's regular bi-weekly wages.

College Holiday Closing: Part-time employees are not eligible for pay during the annual Christmas/New Year closing period except where statutory holidays apply as per statutory holiday policy above and lieu pay below.

Vacation Pay: In accordance with the Employment Standards Act, employees will receive 4% of their total gross wages as vacation pay.

Pension Membership: Membership into the CAAT Pension Plan is optional for non full time employees after completing 24 months of continuous service. It is your responsibility to contact the College Benefit Specialist once your eligibility has been reached should you wish to become a member in the pension plan.

Confidentiality: During the period of employment and after employment has ended, the employee will keep confidential and refrain from using any information which the employee has obtained from Sheridan or which has been provided by Sheridan to the employee, directly or indirectly, during the course of his/her employment with Sheridan. However, it is understood that such information may, where necessary and expected, be used in the performance of duties for Sheridan and may be disclosed or used at any time with the written permission of Sheridan.

Policies and Procedures: The employee will comply with all legislation and college policies, including but not limited to those pertaining to Human Rights, Harassment, and the Sheridan College Telephone and Computer Information Access Policy. In accordance with Sheridan's Accessible Customer Service policy, the employee will be required to complete mandatory online training within one month of the initial hire date with Sheridan. Human Resources will provide the employee with directions on how to access this training soon following your hire date.

In addition, the employee agrees to attend any specialized training that Sheridan may require, i.e. WHMIS, Human Rights and any other as identified by the College.

Absences: In the event that the employee is unable to attend work, it is the employee's responsibility to inform his/her department/school contact at the earliest possible time.

Termination: At any time, either party may bring this contract to an end in accordance with the Employment Standards Act. At the conclusion of this contract for any reason, the employment of the employee shall terminate. Sheridan makes no promise or offer of any future employment beyond this particular contract.

Parking: Parking fees are the responsibility of the employee and must be arranged via Security.

Signing of this form by the employee named herein and the College official will confirm the employee's appointment and agreement to College employment terms and conditions.

How to Process Non Full Time Employee Pay

New Employees: Please enter the Sheridan Information System Identification Number if the employee was previously a student or employee of this College. **Always** include the identification number on all forms submitted to Human Resources. All fields marked with an (*) are required field. This form will NOT be processed without it. The following hiring documents are **mandatory** when hiring any employees at the College and are available from Access Sheridan>Human Resources Centre>Forms. Without the TD1 Forms (Federal & Provincial), Reference Checks, Direct Deposit Form, the Social Insurance Number and Birth Date, **new employees cannot be paid**. Payment will be made to the employee's banking institution on a bi-weekly basis. All fields on this form are required.

Rehires and Data Changes: Use this form for any permanent data changes. Please indicate the data change at the top of the form and check the box of the corresponding type of change.

Time Sheets: Non Full Time Employees either work regular scheduled bi-weekly hours or work variable hours. If a regular scheduled shift applies, include a Time Sheet form with the regular shift box checked with this form. All variable hours employee must submit a Time Sheet in order to be paid.

Terminations: Job End Dates are required information. This section is important for taking employees off the payroll ensuring accurate payment and reporting on the number of part-time employees working at the College.

Employees and managers must sign and date this form.



Your employer or payer will use this form to determine the amount of your tax deductions.

Read the back before completing this form. Complete 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 including 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 2012, see "More than one employer or payer at the same time" on the next page. If you are a non-resident, see "Non-residents" on the next page.

10,822

2. Child amount – Either parent (but not both), may claim \$2,191 for each child born in 1995 or later, that resides with both parents throughout the year. If the child is **infirm**, add \$2,000 to the claim for that child. Any unused portion can be transferred to that parent's spouse or common-law partner. 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 child amount for that same child.

3. Age amount – If you will be 65 or older on December 31, 2012, and your net income for the year from all sources will be \$33,884 or less, enter \$6,720. If your net income for the year will be between \$33,884 and \$78,684 and you want to calculate a partial claim, get the TD1-WS, *Worksheet for the 2012 Personal Tax Credits Return*, and complete 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, education, and textbook amounts (full time and part time) – If you are a student enrolled at a university or college, or an educational institution certified by Human Resources and Skills Development Canada, and you will pay more than \$100 per institution in tuition fees, complete this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$400 for each month that you will be enrolled, plus \$65 per month for textbooks. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$120 for each month that you will be enrolled part time, plus \$20 per month for textbooks.

6. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, *Disability Tax Credit Certificate*, enter \$7,546.

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 \$10,822 (\$12,822 if he or she is **infirm**) enter the difference between this amount and his or her estimated net income for the year. If your spouse's or common-law partner's net income for the year will be \$10,822 or more (\$12,822 or more if he or she is **infirm**), you cannot claim this amount.

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 \$10,822 (\$12,822 if he or she is **infirm** and you **did not claim the child amount** for this dependant), enter the difference between this amount and his or her estimated net income. If your eligible dependant's net income for the year will be \$10,822 or more (\$12,822 or more if he or she is **infirm**), you cannot claim this amount.

9. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$15,033 or less, and who is either your or your spouse's or common-law partner's:

- parent or grandparent (aged 65 or older), enter \$4,402 (\$6,402 if he or she is **infirm**) or
 - relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$6,402.
- If the dependant's net income for the year will be between \$15,033 and \$19,435 (\$15,033 and \$21,435 if he or she is **infirm**) and you want to calculate a partial claim, get the TD1-WS, and complete the appropriate section.

10. Amount for infirm dependants age 18 or older – If you support an infirm dependant age 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$6,420 or less, enter \$6,402. You cannot claim an amount for a dependant you claimed on line 9. If the dependant's net income for the year will be between \$6,420 and \$12,822 and you want to calculate a partial claim, get the TD1-WS, and complete 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, education and textbook amounts, disability amount or child 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, education, and textbook amounts** on his or her income tax return, enter the unused amount.

13. TOTAL CLAIM AMOUNT – Add lines 1 through 12.

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

Continue on the next page ➔

Completing Form TD1

Complete this form **only** if:

- 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 (such as when the number of your eligible dependants has changed);
- you want to claim the deduction for living in a prescribed zone; or
- 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 complete a TD1 form, your new 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 TD1 form for 2012, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another TD1 form, **check** this box, enter "0" on line 13 on the front page and do not complete 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

Are you a non-resident of Canada who will include 90% or more of your world income when determining your taxable income earned in Canada in 2012? If you are unsure of your residency status, call the International Tax Services Office at **1-800-267-5177**.

• If **yes**, complete the previous page.
• If **no**, **check** the box, enter "0" on line 13 and do not complete lines 2 to 12, as you are not entitled to the personal tax credits.

Provincial or territorial personal tax credits return

If your claim amount on line 13 is more than \$10,822, you also have to complete a provincial or territorial personal tax credit return. If you are an employee, use the TD1 form for your province or territory of employment. If you are a pensioner, use the TD1 form for your province or territory of residence. Your employer or payer will use both this federal form and your most recent provincial or territorial TD1 form to determine the amount of your tax deductions.

If you are claiming the basic personal amount **only** (your claim amount on line 13 is \$10,822), 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 2012, you may be able to claim the child amount on Form TD1SK, *2012 Saskatchewan Personal Tax Credits Return*. Therefore, you may want to complete 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 2012, you can claim:

- \$8.25 for each day that you live in the prescribed northern zone; or
- \$16.50 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, get Form T2222, *Northern Residents Deductions*, and the Publication T4039, *Northern Residents Deductions – Places in Prescribed Zones*.

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, complete a new Form TD1.

\$

Reduction in tax deductions

You can ask to have less tax deducted if on your income tax return 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, and charitable donations). To make this request, complete Form T1213, *Request to Reduce Tax Deductions at Source for year(s)* _____, 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.

Certification

I certify that the information given in this return is, to the best of my knowledge, correct and complete.

Signature _____

Date _____

It is a serious offence to make a false return.

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

Read the back before completing this form. Complete 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 including postal code		For non-residents only – Country of permanent residence	Social insurance number

<p>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 2012, see "Will you have more than one employer or payer at the same time?" on the next page.</p>	9,405
<p>2. Age amount – If you will be 65 or older on December 31, 2012, and your net income from all sources will be \$34,183, or less, enter \$4,592. If your net income for the year will be between \$34,183 and \$64,797 and you want to calculate a partial claim, get the TD1ON-WS, <i>Worksheet for the 2012 Ontario Personal Tax Credits Return</i>, and complete the appropriate section.</p>	
<p>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 \$1,300, or your estimated annual pension income, whichever is less.</p>	
<p>4. Tuition and education amounts (full time and part time) – If you are a student enrolled at a university, college, or educational institution certified by Human Resources and Skills Development Canada, and you will pay more than \$100 per institution in tuition fees, complete this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$506 for each month that you will be enrolled. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$151 for each month that you will be enrolled part time.</p>	
<p>5. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, <i>Disability Tax Credit Certificate</i>, enter \$7,598.</p>	
<p>6. 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 \$798 or less, enter \$7,986. If his or her net income for the year will be between \$798 and \$8,784 and you want to calculate a partial claim, get the TD1ON-WS, and complete the appropriate section.</p>	
<p>7. 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 \$798 or less, enter \$7,986. If his or her net income for the year will be between \$798 and \$8,784 and you want to calculate a partial claim, get the TD1ON-WS, and complete the appropriate section.</p>	
<p>8. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$15,165 or less, and who is either your or your spouse's or common-law partner's:</p> <ul style="list-style-type: none"> • parent or grandparent (aged 65 or older); or • relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$4,433. <p>If the dependant's net income for the year will be between \$15,165 and \$19,598 and you want to calculate a partial claim, get the TD1ON-WS, and complete the appropriate section.</p>	
<p>9. 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 \$6,301 or less, enter \$4,433. You cannot claim an amount for a dependant you claimed on line 8. If the dependant's net income for the year will be between \$6,301 and \$10,734 and you want to calculate a partial claim, get the TD1ON-WS, and complete the appropriate section.</p>	
<p>10. 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 and education amounts, or disability amount on his or her income tax return, enter the unused amount.</p>	
<p>11. 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 and education amounts on his or her income tax return, enter the unused amount.</p>	
<p>12. TOTAL CLAIM AMOUNT – Add lines 1 through 11. Your employer or payer will use your claim amount to determine the amount of your provincial tax deductions.</p>	<div style="border: 1px solid black; width: 80px; height: 30px; margin: 0 auto;"></div>

Continue on the next page ➔

Completing Form TD1ON

Complete 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 (such as when 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 complete a TD1ON form, your new employer or payer will deduct taxes after allowing the basic personal amount **only**.

Will you have 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 2012, 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, enter "0" on line 12 on the front page and do not complete lines 2 to 11.

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 12. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you wish to have more tax deducted, complete the section called "Additional tax to be deducted" on the federal Form TD1.

Reduction in tax deductions

You can ask to have less tax deducted if on your income tax return 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, and charitable donations). To make this request, complete Form T1213, *Request to Reduce Tax Deductions at Source for years _____*, 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 forms and publications go to www.cra.gc.ca/forms or call 1-800-959-2221.

Certification

I certify that the information given in this return is, to the best of my knowledge, correct and complete.

Signature _____

Date _____

It is a serious offence to make a false return.



Payroll Direct Deposit Banking Information

Welcome to Sheridan College's "Direct Payroll Deposit System" for all employees. Payments will be deposited directly to either your chequing or savings account in any financial institution in Canada.

Please complete the following banking information, attach a Void cheque, and return to Human Resources, Trafalgar Campus.

Pay statements are automatically available online through Self Service.

Name: _____

Employee ID #: _____

Social Insurance Number: _____

Department/Campus: _____

Bank/Financial Institution: _____

Branch Address: _____

City and Province: _____

Signature: _____

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Bank

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Transit

--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number

Sheridan Institute for Technology and Advanced Learning

Confidentiality Agreement

Students on Work Study / Placements / Co-op

I, _____ (print name), agree to treat with confidentiality all information that I come into contact with during my employment/placement and agree not to disclose it to any third party either during my employment/placement, except as may be necessary to perform my duties, or after completion of my employment contract for any reason, except with the written permission of Sheridan Institute of Technology and Advanced Learning.

If for any reason I am required to produce documents related to my employment experiences while at Sheridan Institute of Technology and Advanced Learning on a special assignment agree to provide to the Human Resources Department copies of such material.

Print Name

Signature

Student Number

Print Witness Name

Signature of Witness

Date



Sheridan Time Sheet

All information **MUST** be completed or Timesheet will **NOT** be processed

Employee or Student ID:*		Name:*			
Job Title:*		Dept./School:*			
Hourly Rate:*		Account:		%	
Reports to Name:*		Account:		%	

Rehire

Job Begin Date:*				End Date:*			
	<i>Mth</i>	<i>Day</i>	<i>Yr</i>		<i>Mth</i>	<i>Day</i>	<i>Yr</i>

Rehire contract: - By signing, the employee agrees that all previous terms and conditions of employment apply.

_____ *Employee Signature*

Hours of work:

Regularly scheduled hours (same weekly schedule)
--

Hours vary weekly (Timesheets submitted bi-weekly and pay is one week in arrears)

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Month															Total Hours
Day															
# of Hours															

Comments: _____

Prepared by: _____ *Printed Name* _____ *Signature* **Date:** _____

Authorized by: _____ *Printed Name* _____ *Signature* **Date:** _____

TERMINATION:	Last day worked				Reason for leaving:		<input type="checkbox"/> Record of Employment requested
		<i>Mth</i>	<i>Day</i>	<i>Yr</i>			