

#### **New Employee Checklist**

#### Lunch Monitors

Required documentation for newly hired Lunch Monitors includes the following.

Forms #4 through #10 are attached to this checklist. They are also available through Document Depot. by visiting Human Resources at 33 Spectacle Lake Drive in Dartmouth, or by request can be mailed out to the candidate. 1. Criminal Records Check (\$50-\$60 Fee - Contact your local Police Department or RCMP detachment to initiate the process, or online at mybackcheck.com Check must be dated within 3 months of date of hire). If the CRC is obtained through MyBackCheck, it needs to be shared with the HRSB Headquarters and the Vulnerable Sector search needs to be completed and showing as "Clear": this is a requirement for processing the application. 2. Void Cheque or Banking Information for payroll deposit purposes 3. Copy of Driver's License or Health Card (to accompany Child Abuse Search) 4. Notice of Commencement of Employment for Casuals 5. Child Abuse Registry Search Form A (original with copy of driver's license or Health Card -HR will send to Department of Community Services) or completed Child Abuse Search results letter. 6. Employee Personal Information Profile 7. Employee Confidentiality Agreement 8. Tax Forms (TD1 and TD1NS - two page forms)

Please forward all completed documents in original (or via fax if the Child Abuse Register Search is completed) via interoffice mail or regular mail to:

9. HRSB Acceptable E-Mail Use Protocol and Consent Form

Human Resource Services 33 Spectacle Lake Drive Dartmouth, NS B3B 1X7

All documents must be received by HR prior to the new employee being issued a payroll number. In accordance with Board Policy, new employees cannot work until they provide a satisfactory Criminal Records Check.

Questions? If you have any questions in relation to the above, please do not hesitate to contact our Human Resources Department. For Units 1 & 2, please contact Carla Spears at 464-2000, ext. 2185 and for Units 3 & 4, please contact Laura Ingles at 464-2000, ext. 2297. Thank You.



## Notice of Commencement of Employment For Non Teaching Casual Employees

**Human Resource Services** 

This notice is to be completed by all new or re-hired Non-Teaching Casual employees indicated in Section 2 and faxed to 902 4642316 together with the new casual employee forms and documents. The information requested is essential to process payroll. Please note this form is <u>not</u> required for substitute teachers, casual EPA's, casual Secretaries or casual Library Support Specialists.

SECTION 1: Pers	onal Data	(To be co	mpleted b	oy Employee)			
Title:	☐ Mrs	☐Ms	☐ Miss	Emp. #:			
Last Name:				First Name:			
Social Insurance Nu	umber:			Date of Birth:	AA-000-1111-1111-1111-1111-1111-1111-11		
Mailing Address:					Month	Day	Year
City:			Province:		Postal Code:		
Home Phone #:			Mark the second	Email address:			
It is a requirement of	of the Halifax	Regional Se	chool Board direc	that all employees			
Please att	ach a vo	id chequ	e OR bar	nk authoriza	tion form f	for direct de	eposit.
	☐ Banki	ing informa	tion on file a	and current (for r	eturning empl	loyees)	
Employee Signature	): 		The state of the s		Date: _		
SECTION 2: Empl	oyment D	ata (Tob	e complet	ed by School/S	Site) - PLEA	SE COMPLETE	
First Day Worked or Expected To Work:	Mont	h	Day	Year			
Substitute Position:	☐ New	(no 400#)	Ret	urning Sub #4	00	1000copidanti pri turnomoni cop	
	(Term emp	loyees requ	ire a new er	nployee # for sul	ostitute assigi	nments)	
Position Title:	☐ Tutor - ☐ Tutor - ☐ Tutor		***************************************	Lunch Monitor - Lunch Monitor -		☐ Cafeteria W ☐ Door Monit ☐ Other:	
School/Site:							
Principal/Supervisor	· Signature:				Dar	te:	***************************************
SECTION 3: For H	IR Purpose	s Only (T	o be com	pleted by Hum	ian Resourc	es)	
Position Number: CRC verify: Cost Center:	***		Emplo	oyee Personnel Nun verify:	nber:		
Vacation Pay  Notice of Commencement	Vacation Da			Hire Date			



## **Employee Personal Information Profile**

SECTION 1: Person	al Information					
Start Date:		Positic	on Hired For:			
Work Location:						
	☐ Mrs. ☐ Ms.					
Last Name:						
Middle Name:						
SIN#:					***************************************	
Gender:	☐ Female			Year	Month	Day
Home Phone #:		-	Alternate #:	National Control of the Control of t		
Primary Address:						
Number & Street:		decorrière				
City:						
Summer Address (If dif						
Number & Street:		~~~				
City:					-	
SECTION 2: Emerge						
Last Name:			First Nam	<b>e:</b>		
Gender:						
Relationship:						
Contact #:		A	lternate #:			
SECTION 3: HR Secti	011					
Employee #:		<del></del>	Position #:	~~· * ~ 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		



### **Employee Confidentiality Agreement**

I acknowledge that I will not disclose any confidential documents or confidential information made available to or acquired by me, in any manner whatsoever, during the course of my employment at the Halifax Regional School Board.

Confidential documents and information include, but are not limited to the following: decisions or data not intended for release, employee information, payee information, applicant information, student information, any other personal information.

I understand that violation of this agreement may result in discipline up to and including discharge or termination of my employment with the Halifax Regional School Board.

I agree that upon termination or resignation of my employment, I will return to the Halifax Regional School Board all documents, software, data and other media that belong to the Board that I may have taken possession of during my employment with the Board.

Employee's Signature	Date
Employee's Name (Please Print)	

APPENDIX B CODE: B.022
School Administration

#### HRSB Acceptable E-Mail Use Protocol and Consent Form

E-mail is an important mechanism for communication at the Halifax Regional School Board. However, use of Halifax Regional School Board's electronic mail systems and services are a privilege, not a right, and therefore must be used with respect and in accordance with the goals and policies of the Halifax Regional School Board.

The objectives of this policy are to outline appropriate and inappropriate use of the Halifax Regional School Board's e-mail systems and services in order to minimize disruptions to services and activities, as well as comply with applicable policies and laws.

#### Scope

This policy applies to all e-mail systems and services owned by the Halifax Regional School Board, all e-mail account users/holders at the Halifax Regional School Board (both temporary and permanent), and all company e-mail records.

#### Account Activation/Termination

Access to e-mail accounts at the Halifax Regional School Board is controlled through individual accounts and passwords. Each user of the Board's e-mail system will be required to read and sign a copy of this E-Mail Acceptable Use Protocol prior to receiving an e-mail access account and password.

It is the responsibility of the employee to protect the confidentiality of their account and password information.

All employees of the Halifax Regional School Board are entitled to an e-mail account. E-mail accounts will be granted to third party non-employees on a case-by-case basis. Possible non-employees that may be eligible for access include:

- Contractors.
- Term employees.

Applications for these temporary accounts must be submitted in writing to the Coordinator, Information Technology by the Director of the department.

E-mail access will be terminated when the employee or third party terminates their association with the Halifax Regional School Board, unless other arrangements are made. The Halifax Regional School Board is under no obligation to store or forward the contents of an individual's e-mail inbox/outbox after the term of their employment has ceased.

ACCEPTABLE USE OF COMPUTERS AND INTERNET/INTRANET TECHNOLOGY: APPENDIX B

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#### General Expectations of HRSB staff

Important official communications are often delivered via e-mail. As a result, employees of the Halifax Regional School Board with e-mail accounts are expected to check their e-mail in a consistent and timely manner during regular business hours (8 a.m. to 4:30 p.m.) so that they are aware of important announcements and updates, as well as for fulfilling business- and role-oriented tasks.

Unless an employee is away from the office for an extended period of time, every effort will be made to acknowledge or respond to incoming e-mail within one or two working days.

E-mail users are responsible for mailbox management, including organization and cleaning. If a user subscribes to a mailing list, he or she must also be aware of how to un-subscribe their e-mail address from the list, and is responsible for doing so in the event that their e-mail address changes.

E-mail users are also expected to comply with normal standards of professional and personal courtesy and conduct. E-mail use at the Halifax Regional School Board will comply with all applicable laws, all the Halifax Regional School Board policies, and all the Halifax Regional School Board contracts.

Appropriate Uses of e-mail include:

- Communicating with fellow employees, schools, business partners of the Halifax Regional School Board, and clients within the context of an individual's assigned responsibilities.
- Acquiring or sharing information necessary or related to the performance of an individual's assigned responsibilities.
- Participating in educational or professional development activities.

In addition to requirements defined through the Board's Acceptable Use Policy, inappropriate uses of e-mail include:

- Viewing, copying, altering, or deletion of e-mail accounts or files belonging to the Halifax Regional School Board or another individual without authorized permission.
- Sending of unreasonably large e-mail attachments. The total size of an individual e-mail message sent (including attachment) should be 2mb's or less.
- Opening e-mail attachments from unknown or unsigned sources. Attachments are the primary source of computer viruses and should be treated with utmost caution.

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• Sharing e-mail account passwords with another person, or attempting to obtain another person's e-mail account password. E-mail accounts are only to be used by the registered user.

Excessive personal use of the Halifax Regional School Board e-mail resources. The Halifax Regional School Board allows limited personal use for communication with family and friends, independent learning, and public service so long as it does not interfere with staff productivity, pre-empt any business activity, or consume more than a trivial amount of resources. The Halifax Regional School Board prohibits personal use of its e-mail systems and services for unsolicited mass mailings, non-Halifax Regional School Board commercial activity, political campaigning, dissemination of chain letters, and use by non-employees.

#### Monitoring and Confidentiality

The e-mail systems and services used at the Halifax Regional School Board are owned by Board, and are therefore its property. This gives the Halifax Regional School Board the right to monitor any and all e-mail traffic passing through its e-mail system. Staff will not actively read end-user e-mail. However, e-mail messages may be inadvertently read by IT staff during the normal course of managing the e-mail system.

In addition, backup copies of e-mail messages may exist, despite end-user deletion, in compliance with the Halifax Regional School Board's records retention policy<sup>1</sup>. The goals of these backup and archiving procedures are to ensure system reliability and prevent business data loss.

Use extreme caution when communicating confidential or sensitive information via e-mail. Keep in mind that all e-mail messages sent outside of the Halifax Regional School Board become the property of the receiver. A good rule is to not communicate anything that you wouldn't feel comfortable being made public. Under the *Freedom of Information and Protection of Privacy Act* all electronic communications are subject to FOIPOP requests.

#### Reporting Misuse

Any allegations of misuse should be promptly reported to Coordinator, Information Technology. If you receive an offensive e-mail, do not forward, delete, or reply to the message. Instead, report it directly to the individual named above.

<sup>1</sup> currently under development

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#### Disclaimer

The Halifax Regional School Board assumes no liability for direct and/or indirect damages arising from the user's use of the Halifax Regional School Board's e-mail system and services. Users are solely responsible for the content they disseminate. The Halifax Regional School Board is not responsible for any third-party claim, demand, or damage arising out of using the Halifax Regional School Board's e-mail systems or services.

#### Failure to Comply

Violations of this policy will be treated like other allegations of wrongdoing at the Halifax Regional School Board. Allegations of misconduct will be adjudicated according to established procedures. Sanctions for inappropriate use on the Halifax Regional School Board's e-mail systems and services may include, but are not limited to, one or more of the following:

- 1. Temporary or permanent revocation of e-mail access;
- 2. Disciplinary action according to applicable the Halifax Regional School Board policies;
- 3. Termination of employment; and/or
- 4. Legal action according to applicable laws and contractual agreements.

#### E-Mail User Agreement

I have read and understand the E-Mail Acceptable Use Protocol. I understand if I violate the rules explained herein, I may face legal or disciplinary action according to applicable policies of the Halifax Regional School Board or laws.

Name:	
Signature:	
Date:	



# Child Abuse Register Request for Search (Form A)

**Community Services** 

Yes Complete this form.	No Do not complete this form. We cannot search the register for your name.
· ·	a Child Abuse Register only if you have contact with children under the age of 16. Search
results are for Nova Scotla only.	2 Office Abose Register only if you have contact with children under the age of 16. Search
2 Give your personal information	n (please print)
Last name:	First name:
Middle names:	Last name at birth:
All other last names during your lifetime: _	
Commonly used names, nicknames, aliase	:
Date of birth (dd/mm/yyyy):	Gender: Male Female Transgender
Health card number:	Drivers license master number:
Current mailing address:	
	Postal Code;
Phone numbers: Home	Cell
How long have you fixed in Nove Carling	
Attach photocopy to prove your include proof of your identity. Attach a photocopy	CODY of your valid Canadian:
Attach photocopy to prove your include proof of your identity. Attach a photo if you do not have proof of your identity, ple  Sign the request and certifica	ur identity copy of your valid Canadian:
Attach photocopy to prove your include proof of your identity. Attach a photo if you do not have proof of your identity, ple  Sign the request and certifica	ur identity  copy of your valid Canadian:
Attach photocopy to prove your include proof of your identity. Attach a photolif you do not have proof of your identity, ple  Sign the request and certifical Please confirm that my name is not entere	copy of your valid Canadian: Driver's license or Health card se contact us at the number listed at the bottom of this form.  ion in the Nova Scotia Child Abuse Register. I certify that the information given on this
3 Attach photocopy to prove your include proof of your identity. Attach a photo if you do not have proof of your identity, ple  4 Sign the request and certifical Please confirm that my name is not entere form is correct.  Signature:	copy of your valid Canadian: Driver's license or Health card se contact us at the number listed at the bottom of this form.  ion in the Nova Scotia Child Abuse Register. I certify that the information given on this
3 Attach photocopy to prove your include proof of your identity. Attach a photo if you do not have proof of your identity, ple 4 Sign the request and certifical Please confirm that my name is not entere form is correct.	copy of your valid Canadian:

#### 2017 Personal Tax Credits Return

Canada Revenue Agency

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 numb	er
Address	Postal code	For non-residents only — Country of permanent residence	S	ocial insurance number
Basic personal amount – Every resident of Canada at the same time in 2017, see "More than one employe "Non-residents" on page 2.	a can claim this amount. If yer or payer at the same time	you will have more than one emp " on page 2. If you are a non-res	oloyer or payer sident, see	11,635
2. Family caregiver amount for infirm children unde born in 2000 or later, that resides with both parents thro year, the parent who is entitled to claim the "Amount for for that same child who is under age 18.	oughout the vear. If the chil	d does not reside with both pare	nts throughout the	
3. Age amount – If you will be 65 or older on Decembe or less, enter \$7,225. If your net income for the year will get Form TD1-WS, Worksheet for the 2017 Personal To	II be between \$36,430 and	\$84,597 and you want to calcula	es will be \$36,430 ite a partial claim,	
4. Pension income amount – If you will receive regula Plan, Quebec Pension Plan, Old Age Security, or Guardannual pension income, whichever is less.	ar pension payments from a anteed Income Supplemen	pension plan or fund (excluding t payments), enter \$2,000 or you	Canada Pension ir estimated	
5. Tuition (full time and part time) – If you are a stude Employment and Social Development Canada, and you are enrolled full time or part time, enter the total of the t	will pay more than \$100 p	or college, or an educational inst er institution in tuition fees, fill in	itution certified by this section. If you	ı
6. Disability amount – If you will claim the disability an Certificate, enter \$8,113.	nount on your income tax re	eturn by using Form T2201, <i>Disa</i>	ability Tax Credit	
7. Spouse or common-law partner amount – If you a whose net income for the year will be less than \$11,635 and his or her estimated net income for the year. If his cashe is infirm), you cannot claim this amount.	5 (\$13.785 if he or she is <b>in</b>	firm) enter the difference between	en this amount	or
8. Amount for an eligible dependant – If you do not h who lives with you, and whose net income for the year the family caregiver amount for children under age her estimated net income. If his or her net income for th cannot claim this amount.	will be less than \$11,635 (\$ <b>18 for this dependant</b> ), er	13,785 if he or she is <b>infirm</b> and the the difference between this a	you <b>cannot clain</b>	1
9. Caregiver amount – If you are taking care of a depe or less, and who is either your or your spouse's or common taking the second sec	mon-law partner's:		II be \$16,163	
<ul> <li>parent or grandparent (aged 65 or older), enter \$4,7</li> <li>relative (aged 18 or older) who is dependent on you</li> </ul>				
If the dependant's net income for the year will be betwe you want to calculate a partial claim, get Form TD1-WS	en \$16,163 and \$20,895 (\$	316,163 and \$23,045 if he or she	is <b>infirm</b> ) and	
10. Amount for infirm dependants age 18 or older – spouse's or common-law partner's relative, who lives in \$6,883. You cannot claim an amount for a dependant if income for the year will be between \$6,902 and \$13,786 appropriate section.	Canada, and whose net in you or anyone else has alr	come for the year will be \$6,902 eady claimed it on line 8 or 9. If	or less, enter	et
11. Amounts transferred from your spouse or common his or her age amount, pension income amount, tuition amount.	n <b>on-law partner –</b> If your s amount, or disability amour	pouse or common-law partner w nt on his or her income tax return	ill not use all of a, enter the unused	l
12. Amounts transferred from a dependant – If your of income tax return, enter the unused amount. If your or y use all of his or her tuition amount on his or her income	our spouse's or common-la	aw partner's dependent child or g	n his or her grandchild will not	
13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to determine	ne the amount of your tax d	eductions.		



Filling	out	Form	TD	1
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Fill out 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 (for example, 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 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 2017, 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 2017?

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 \$11,635, 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 \$11,635), 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 2017, you may be able to claim the child amount on Form TD1SK, 2017 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 2017, you can claim:

- \$11.00 for each day that you live in the prescribed northern zone; or
- \$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 <u>cra.gc.ca/northernresidents</u>.

#### 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.

	\$
- 3	

#### 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 administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial 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 and request correction if there are errors or omissions. Refer to Info Source at <a href="mailto:crackgray/tp/nfsrc/nfsrc-eng.html">crackgray/tp/nfsrc/nfsrc-eng.html</a>, Personal Information Bank CRA PPU 120.

- 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.	DateYYYY/MM/DD



#### 2017 Nova Scotia 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 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 numbe	r
Address	Postal code	For non-residents only –	Sc	cial insurance number
		Country of permanent residence		
Basic personal amount – Every person employed i amount. If you will have more than one employer or pasame time" on page 2.	n Nova Scotia and every py yer at the same time in 201	ensioner residing in Nova Scotia 7, see "More than one employer	can claim this or payer at the	8,481
2. Age amount – If you will be 65 or older on December enter \$4,141. If your net income for the year will be bet get Form TD1NS-WS, Worksheet for the 2017 Nova Set	ween \$30,828 and \$58,435	and you want to calculate a par	tial claim,	
3. Pension income amount – If you will receive regula Pension Plan, Quebec Pension Plan, Old Age Security estimated annual pension income, whichever is less.	r pension payments from a or Guaranteed Income Su	pension plan or fund (excluding ipplement payments), enter \$1,1	Canada 73, or your	
4. Tuition and education amounts (full time and par institution certified by Employment and Social Developr in this section. If you are enrolled full time, or if you hav tuition fees you will pay, plus \$200 for each month that physical disability, enter the total of the tuition fees you	nent Canada, and you will e a mental or physical disa you will be enrolled. If you	pay more than \$100 per institution bility and are enrolled part time, are enrolled part time and do not	on in tuition fees, fill enter the total of th thave a mental or	e
5. Disability amount – If you will claim the disability an Credit Certificate, enter \$7,341.	nount on your income tax r	eturn by using Form T2201, <i>Disa</i>	ability Tax	
6. Spouse or common-law partner amount – If you a or her net income for the year will be \$848 or less, enter \$9,329 and you want to calculate a partial claim, get Fo	er \$8,481. If his or her net in	ncome for the year will be between	s with you, and his en \$848 and	
7. Amount for an eligible dependant – If you do not have who lives with you and whose net income for the year was between \$848 and \$9,329 and you want to calculate a	vill be \$848 or less, enter \$	8,481. If his or her net income fo	r the year will be	
8. Caregiver amount – If you are taking care of a depe or less, and who is either your or your spouse's or comm	ndant who lives with you, v	whose net income for the year wi	II be \$13,677	
<ul> <li>parent or grandparent (aged 65 or older); or</li> <li>relative (aged 18 or older) who is dependent on you</li> </ul>	because of an infirmity, er	nter \$4.898.		
If the dependant's net income for the year will be betwe Form TD1NS-WS and fill in the appropriate section.	* *		claim, get	
9. Amount for infirm dependants age 18 or older – If spouse's or common-law partner's relative, who lives in \$2,798. You cannot claim an amount for a dependant y between \$5,683 and \$8,481 and you want to calculate a	Canada, and whose net in ou claimed on line 8. If the	come for the year will be \$5,683 dependant's net income for the v	or less, enter rear will be	
10. Amounts transferred from your spouse or commod his or her age amount, pension income amount, tuition enter the unused amount.	non-law partner – If your s and education amounts, or	pouse or common-law partner w disability amount on his or her ir	ill not use all of ncome tax return,	
11. Amounts transferred from a dependant – If your income tax return, enter the unused amount. If your or y will not use all of his or her tuition and education amo	our spouse's or common-la	aw partner's dependent child or d	grandchild	
12. TOTAL CLAIM AMOUNT – Add lines 1 to 11. Your employer or payer will use this amount to determine	ne the amount of your provi	ncial tax deductions.	4,7,7,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	

Flotected b	wien combier
Filling out Form TD1NS	
Fill out this form only if you are an employee working in Nova Scotia or a pensioner residing in Nova Scotia and any of the following apply:	
<ul> <li>you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any othe remuneration;</li> </ul>	∍r
<ul> <li>you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed); or</li> <li>you want to increase the amount of tax deducted at source.</li> </ul>	
Sign and date it, and give it to your employer or payer.	
If you do not fill out Form TD1NS, 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 For TD1NS for 2017, you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claim another Form TD1NS, check this box, enter "0" on line 12 and do not fill in lines 2 to 11.	m ned on
Total income less than total claim amount	
Check this box if your total income for the year from <b>all</b> employers and payers will be <b>less</b> than your total claim amount on line 12. Then y or payer will not deduct tax from your earnings.	your employer
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 (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, are education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at So 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 deducts RRSP contributions from your salary.	nd tuition and

Personal information is collected under the *Income Tax Act* and to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial 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 and request correction if there are errors or omissions. Refer to Info Source at <a href="mailto:cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html">cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html</a>, Personal Information Bank CRA PPU 120.

Forms and publications

To get our forms and publications, go to <u>cra.gc.ca/forms</u> or call **1-800-959-5525**.

Certification ————————————————————————————————————	
certify that the information given on this form is correct and complete.	
Signature	Date