



## ANGLOPHONE NORTH SCHOOL DISTRICT

78 Henderson Street - Miramichi, New Brunswick E1N 2R7  
Telephone: (506) 778-6075 - Fax: (506) 778-6090 - [www.asd-n.nbed.nb.ca](http://www.asd-n.nbed.nb.ca)

---

### *New Hire Package*

---

#### **Welcome!**

Congratulations and welcome to Anglophone North School District! We are excited to have you join our team and look forward to working with you. As you begin your journey with us, there are a few important steps to complete to ensure a smooth onboarding process.

Enclosed in this package, you will find all the necessary forms and documents required for your employment. Please review each carefully and complete them as instructed.

#### **What's Included in This Package:**

- ✓ Employment Forms (e.g., TD1, TD1NB, Direct Deposit)
- ✓ Policy Acknowledgements (e.g., Policy 701, Policy 311)
- ✓ Criminal Record Check & Clearance Forms
- ✓ Computer User Agreement Form
- ✓ Other Required Documents

#### **Next Steps:**

- Review the contents of this package
- Complete the required forms and gather necessary documents.
- Upload your completed hiring package to your ApplyToEducation account at <https://asdn.simplification.com/> and send email confirmation to: [ASDN.Jobs@nbed.nb.ca](mailto:ASDN.Jobs@nbed.nb.ca)

---

#### **Contact Information**

If you have any questions or need assistance, please contact us:

Anglophone North School District  
Phone: (506)987-7563  
Email: [ASDN.Jobs@nbed.nb.ca](mailto:ASDN.Jobs@nbed.nb.ca)  
Website: <https://asdn.nbed.ca/employment/>

We are committed to supporting you as you transition into your new position and look forward to your contributions to our team. Welcome aboard!



# PROFESSIONAL CONDUCT

## Appendix A – Acknowledgement Form

<p><b><u>Accountability</u></b>  <b><u>Individuals shall:</u></b></p> <ul style="list-style-type: none"> <li>✓ Demonstrate honesty and integrity in the fulfillment of their professional responsibilities.</li> <li>✓ Acknowledge and respect the responsibility of ASD-N in their management role.</li> <li>✓ Acknowledge that all work produced related to their responsibilities in ASD-N, is the sole property of ASD-N.</li> <li>✓ Acknowledge that everyone is responsible for the learning of and/or learning conditions for students within ASD-N.</li> <li>✓ Create and maintain a respectful workplace evidence by civility and respect for others (including social media). All communication connected to the workplace, whether or not the communication originated from a government issued or private device, may be subject to a complaint under the Respectful Workplace Policy AD-2913.</li> <li>✓ As per the <i>Education Act</i>, section 31.1(2.1), if a member of the school personnel has been charged with or convicted of an offence under the Criminal Code (Canada), the member shall notify the superintendent concerned without delay.</li> </ul>	<p><b><u>Standards of Work</u></b>  <b><u>Individuals shall:</u></b></p> <ul style="list-style-type: none"> <li>✓ Endeavour to improve their professional competency.</li> <li>✓ Conduct work in an objective, conscientious, effective and efficient manner.</li> <li>✓ Perform duties in accordance with the highest standards of their profession and exercise due care.</li> <li>✓ Comply with copyright laws and acknowledge the origin of material and concepts incorporated into their work.</li> <li>✓ Become knowledgeable of, respect, and adhere to all applicable laws, acts/regulations, policies, and guidelines.</li> <li>✓ Show proper care and regard for the property of the Crown, utilizing resources for the purpose of carrying out ASD-N business.</li> </ul>
<p><b><u>Interpersonal Relationships</u></b>  <b><u>Individuals shall:</u></b></p> <ul style="list-style-type: none"> <li>✓ Treat others with respect, dignity, and fairness at all times.</li> <li>✓ Resolve conflict using respectful and appropriate means.</li> <li>✓ Ensure the workplace is free from discrimination and harassment, and that due process and individual human rights are respected.</li> </ul> <p><b><u>Confidentiality</u></b>  <b><u>Individuals shall:</u></b></p> <ul style="list-style-type: none"> <li>✓ Ensure confidentiality of information acquired in the course of business by exercising due care while collecting, using, disclosing, storing, and disposing of personal data.</li> <li>✓ Ensure that personal information is collected and used in compliance with RTIPPA (Right to Information and Protection of Privacy Act) and PHIPPA (Personal Health Information Privacy and Access).</li> <li>✓ Ensure that information obtained during the administration of school-raised funds is treated in a secure and confidential manner.</li> <li>✓ Be aware that the obligation to comply with the above, continues indefinitely, i.e. even after the relationship between the individual and the School District has been severed.</li> </ul> <p><b><u>Dress Code</u></b>          Anglophone North School District recognizes the importance of the educational environment in promoting excellence in teaching and learning. The District is responsible for promoting an environment that is safe, nurturing, and supportive of the school system’s academic goals and educational responsibilities. Employees of ASD-N serve as role models for the students with whom they work and as leaders in the community. Consistent with these roles, all individuals working in the District shall:</p> <ul style="list-style-type: none"> <li>✓ Dress in a manner and have an appearance that is appropriate and professional in light of the environment in which they work and the duties of their position</li> </ul>	<p><b><u>Conflict of Interest</u></b>  <b><u>Individuals shall:</u></b></p> <ul style="list-style-type: none"> <li>✓ avoid circumstances where they could confer or appear avoid to confer a benefit on themselves, a relative, friend or business associate;</li> <li>✓ avoid giving unwarranted special consideration or preferential treatment to any person or organization for any reason;</li> <li>✓ not disclose to others, or use to further their interest, confidential information acquired in the course of performing official duties;</li> <li>✓ not demand or accept a reward, gift (or favour of any kind) from a person or organization with whom the employee is, or may be, dealing on behalf of the employer if the reward, gift or favour could reasonably be deemed to influence the employees in the performance of their duties;</li> <li>✓ not use the employer’s property or lands for activities not associated with the official discharge of duties unless with prior approval of the Board of Management.”</li> </ul> <p><b><u>Outside Employment:</u></b></p> <ul style="list-style-type: none"> <li>✓ “No employee shall undertake outside employment if, in the opinion of the senior executive officer, the outside work would give rise to a conflict of interest or adversely affect their work performance.</li> <li>✓ Employees who have outside employment, or who are considering outside employment, shall advise their supervisor. Where there is a possibility that the outside employment would give rise to a conflict of interest, employees shall obtain the approval of the senior executive officer.”</li> </ul>



## PROFESSIONAL CONDUCT

### Appendix A – Acknowledgement Form

Breach of Policy

✓ Appropriate measures will be taken to address any breach of this policy.

**This is to acknowledge that I have reviewed and fully understand the information provided in the Professional Conduct Policy and this form will be kept by the School Principal or Department Manager / Director.**

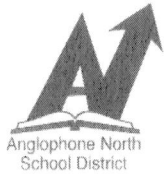
Name: \_\_\_\_\_  
(Please Print)

Position: \_\_\_\_\_

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

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

**This acknowledgement is to be reviewed annually by school administration during opening activities.**



ANGLOPHONE NORTH SCHOOL DISTRICT  
POLICY 701: PUPIL PROTECTION POLICY

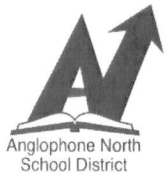
---

Please review the online Policy 701 training and complete the quiz at the end.

**<https://701.nbed.nb.ca/>**

If a score of 100% is not achieved on the Policy 701 quiz, it will be necessary to retake the quiz until this score is attained. This requirement is mandatory.

Please upload the complete quiz (*indicating a passing score of 100%*) with your signature and date to your [ASDN.simplification.com](https://www.asdn.simplification.com) portfolio under the *Supporting Documents* → *Additional Documents* folder.



## ANGLOPHONE NORTH SCHOOL DISTRICT

### Criminal Records Clearance

Pursuant to Policy 701 of the Department of Education, School Districts must establish procedures to ensure appropriate reference checks are carried out for all persons associated with the school system who have unsupervised access to children. This reference check includes requesting applicants to document criminal record convictions.

Applicants will not be considered for employment if:

1. There are previous convictions for violent crimes or crimes against children
2. There are previous charges related to violent crimes or crimes against children that did not result in conviction solely as a result of documented technical reasons
3. There are previous convictions under the Criminal Code of Canada

The cost of obtaining such a criminal records clearance is the responsibility of the applicant. If you require additional information please do not hesitate to Human Resources for Anglophone North School District.

I, \_\_\_\_\_ residing in \_\_\_\_\_  
hereby declare that I have no criminal record and have no history that would prevent me from working with children of the general public. I declare that I have no interactions at schools in the past that would prevent me from working within, and helping to create, a positive school environment. Furthermore, I recognize that I am obliged to inform the appropriate supervisor if I am charged, tried, or convicted of any offense under the Criminal Code or under any other provincial or federal statutes that would prevent me from working with children of the general public.

**I recognize that I have a responsibility to protect the privacy of pupils, parents, members of the public and staff and shall not disclose confidential or personal information acquired by virtue of my position.**

I recognize the school reserves the right to decline my application without providing me any reason.

Dated: \_\_\_\_\_ at \_\_\_\_\_

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



# ANGLOPHONE NORTH SCHOOL DISTRICT

## OFFICE OF THE SUPERINTENDENT

79 Henderson Street - Miramichi, New Brunswick E1N 2R7  
Telephone: (506) 778-6075 - Fax: (506) 778-6090 - [www.asd-n.nbed.nb.ca](http://www.asd-n.nbed.nb.ca)

## CONSENT FOR CRIMINAL & VULNERABLE SECTOR RECORD CHECKS

Pursuant to Policy 701 of the Department of Education and Early Childhood Development, Anglophone North School District has established procedures to ensure appropriate reference checks are carried out for all persons associated with the school system who have unsupervised access to children. This reference check includes requesting applicants to document criminal record convictions.

**You are required to take this form to your local police station to have a:**

- Criminal Record Check completed
- Vulnerable Sector Check completed

Employee  Volunteer

Description of the paid or volunteer position: \_\_\_\_\_

Age(s) of the children or vulnerable person(s): \_\_\_\_\_

### PERSONAL INFORMATION

Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name (and maiden name if applicable) \_\_\_\_\_

Place of Birth (Town/City, Province) \_\_\_\_\_ Date of birth (d/m/y) \_\_\_\_\_ Male  Female

Social Insurance Number \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Previous Addresses, if any, within the last 5 years: \_\_\_\_\_

Have you ever been convicted of a Criminal Offence for which you have not received a full pardon? Yes  No

Description of offence: \_\_\_\_\_

**Note: for this request to be valid, all information must be completed and returned after checks are done**

**Individuals may not be considered for employment or to fill a volunteer role if:**

- a) There are previous convictions for violent crimes or crimes against children
- b) There are previous charges related to violent crimes or crimes against children that did not result in conviction solely as a result of documented technical reasons.
- c) There are previous convictions under the Criminal Code of Canada.

If you require additional information, please do not hesitate to call Stewart Stanger, Director of Human Resources for Anglophone North School District

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

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

Witness: \_\_\_\_\_

*Stewart Stanger*

Signature of Official  
Anglophone North School District





# Workplace Policies

To be completed online via the GNB Knowledge Centre:

[https://www3.gnb.ca/0034/learning/knowledge\\_centre-e.asp](https://www3.gnb.ca/0034/learning/knowledge_centre-e.asp)



**\*\*IMPORTANT: Please use Microsoft Edge as your browser\*\***

---

## Respectful Workplace

In this first module, you will learn about the Respectful Workplace Policy, review the GNB Values, and learn about the importance of respect in all GNB workplaces.

- *Lesson: A Respectful Workplace All-Staff Module 1 (Approx. Running Time: 24:00 min)*
  - *Quiz*
  - *Print your certificate*
- 

## The Complaint Process

In this second module, you will learn about the harassment complaint process, including informal and formal complaint and resolution procedures.

All employees who are not in a supervisory role are required to complete the Complaint Process - Module 2 for Employees.

- *Lesson: The Complaint Process - Module 2 for Employees (Approx. Running Time: 24:00 min)*
  - *Quiz*
  - *Print your certificate*
- 

## Prevention of Workplace Violence

In this module, you will learn about the Prevention of Workplace Violence Policy, how to identify sources and types of violence, how to keep safe and how to respond to and report incidents of violence in the workplace.

**\*\*IMPORTANT: Please use Microsoft Edge as your browser\*\***

- *Lesson: Prevention of Workplace Violence, All-Staff Module (Approx. Running Time: 29:00 min)*
  - *Quiz*
  - *Print your certificate*
- 

## Substance Use in the Workplace

In this module, you will learn about the policy that is designed to address substance use in the workplace by an employee that may negatively impact the safety, competency or efficiency of that employee, other employees, or put members of the public at risk of harm in any way.

**\*\*IMPORTANT: Please use Internet Explorer as your browser\*\***

All employees are required to complete the Substance Use in the Workplace Module.

- *Lesson: Substance Use in the Workplace*
- *Quiz*
- *Print your certificate*

Read page 2 before filling out this form. Your employer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	<b>For non-residents only</b> Country of permanent residence	Social insurance number

<b>1. Basic personal amount</b> – Every person with taxable income in New Brunswick can claim this amount. If you will have more than one employer or payer at the same time in 2026, see "More than one employer or payer at the same time" on page 2.	<b>13,664</b>
<b>2. Age amount</b> – If you will be 65 or older on December 31, 2026, and your net income from all sources will be \$45,844 or less, enter \$6,158. You may enter a partial amount if your net income for the year will be between \$45,844 and \$86,898. To calculate a partial amount, fill out the line 2 section of Form TD1NB-WS, Worksheet for the 2026 New Brunswick Personal Tax Credits Return.	
<b>3. Pension income amount</b> – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter <b>whichever is less</b> : \$1,000 or your estimated annual pension.	
<b>4. Tuition amounts (full-time and part-time)</b> – Fill out this section if you are a student at a university, college, or educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees.	
<b>5. Disability amount</b> – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$10,210.	
<b>6. Spouse or common-law partner amount</b> – Enter \$10,709 if you are supporting your spouse or common-law partner and <b>both</b> of the following conditions apply: <ul style="list-style-type: none"> <li>• Your spouse or common-law partner lives with you</li> <li>• Your spouse or common-law partner has a net income of \$1,072 or less</li> </ul> You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between \$1,072 and \$11,781. To calculate a partial amount, fill out the line 6 section of Form TD1NB-WS.	
<b>7. Amount for an eligible dependant</b> – Enter \$10,709 if you are supporting an eligible dependant and <b>all</b> of the following conditions apply: <ul style="list-style-type: none"> <li>• You do <b>not</b> have a spouse or common-law partner, or you have a spouse or common-law partner who does not live with you and who you are not supporting or being supported by</li> <li>• The dependant is related to you and lives with you</li> <li>• The dependant has a net income of \$1,072 or less for the year</li> </ul> You may enter a partial amount if the dependant's net income for the year will be between \$1,072 and \$11,781. To calculate a partial amount, fill out the line 7 section of Form TD1NB-WS.	
<b>8. Caregiver amount</b> – Enter \$5,957 if you are taking care of a dependant and <b>all</b> of the following conditions apply: <ul style="list-style-type: none"> <li>• The dependant is your or your spouse's or common-law partner's parent or grandparent (aged 65 or older) or an <b>infirm</b> relative (aged 18 or older)</li> <li>• The dependant lives with you</li> <li>• The dependant has a net income of \$20,340 or less for the year</li> </ul> You may enter a partial amount if the dependant's net income for the year will be between \$20,340 and \$26,297. To calculate a partial amount, fill out the line 8 section of Form TD1NB-WS.	
<b>9. Amount for infirm dependants age 18 or older</b> – Enter \$5,956 if you are supporting an <b>infirm</b> dependant and <b>all</b> of the following conditions apply: <ul style="list-style-type: none"> <li>• The dependant is related to you or your spouse or common-law partner and lives in Canada</li> <li>• The dependant is 18 years or older</li> <li>• The dependant has a net income of \$8,451 or less for the year</li> </ul> You may enter a partial amount if the dependant's net income for the year will be between \$8,451 and \$14,407. To calculate a partial amount, fill out the line 9 section of Form TD1NB-WS. You <b>cannot</b> claim an amount for a dependant you claimed on line 8.	
<b>10. Amounts transferred from your spouse or common-law partner</b> – If your spouse or common-law partner will not use all of their age amount, pension income amount, or disability amount on their income tax and benefit return, enter the unused amount.	
<b>11. Amounts transferred from a dependant</b> – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount.	
<b>12. TOTAL CLAIM AMOUNT</b> – Add lines 1 to 11. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>

**Filling out Form TD1NB**

Fill out this form if you have taxable income in New Brunswick and **any** of the following apply:

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

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

If you do not fill out Form TD1NB, 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 TD1NB for 2026, 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 TD1NB, check this box, enter "0" on line 12 and do not fill in lines 2 to 11.

**Total income is less than the total claim amount**

- Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 12. Your employer or payer will not deduct tax from your earnings.

**Additional tax to be deducted**

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD1.

**Reduction in tax deductions**

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

**Forms and publications**

To get our forms and publications, go to [canada.ca/cra-forms-publications](http://canada.ca/cra-forms-publications) or call **1-800-959-5525**.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, and to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at [canada.ca/cra-info-source](http://canada.ca/cra-info-source).

**Certification**

I certify that the information given on this form is correct and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_

It is a serious offence to make a false return.



## 2026 Personal Tax Credits Return

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name		First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address		Postal code	For non-residents only Country of permanent residence	Social insurance number

**1. Basic personal amount** – Every resident of Canada can enter a basic personal amount of \$16,452. However, if your net income from all sources will be greater than \$181,440 and you enter \$16,452, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$181,440 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2026 Personal Tax Credits Return, and enter the calculated amount here.

**2. Canada caregiver amount for infirm children under age 18** – Only one parent may claim \$2,740 for each infirm child born in 2009 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

**3. Age amount** – If you will be 65 or older on December 31, 2026, and your net income for the year from all sources will be \$46,432 or less, enter \$9,208. You may enter a partial amount if your net income for the year will be between \$46,432 and \$107,819. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

**4. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less**: \$2,000 or your estimated annual pension income.

**5. Tuition (full-time and part-time)** – Fill in this section if you are a student at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

**6. Disability amount** – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$10,341.

**7. Spouse or common-law partner amount** – Enter the difference between the amount on line 1 (line 1 plus \$2,740 if your spouse or common-law partner is **infirm**) and your spouse's or common-law partner's estimated net income for the year if **two** of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,740 if your spouse or common-law partner is **infirm**)

In all cases, go to line 9 if your spouse or common-law partner is **infirm** and has a net income for the year of \$29,374 or less.

**8. Amount for an eligible dependant** – Enter the difference between the amount on line 1 (line 1 plus \$2,740 if your eligible dependant is **infirm**) and your eligible dependant's estimated net income for the year if **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- You are supporting the dependant who is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,740 if your dependant is **infirm** and you **cannot** claim the **Canada caregiver amount for infirm children under 18 years of age** for this dependant)

In all cases, go to line 9 if your dependant is **18 years or older, infirm**, and has a net income for the year of \$29,374 or less.

**9. Canada caregiver amount for eligible dependant or spouse or common-law partner** – Fill out this section 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 \$29,374 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

**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 their net income were under \$19,192) whose net income for the year will be \$20,601 or less, enter \$8,773. You may enter a partial amount if their net income for the year will be between \$20,601 and \$29,374. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

**11. Amounts transferred from your spouse or common-law partner** – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

**12. Amounts transferred from a dependant** – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.

**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 the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

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

**More than one employer or payer at the same time**

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2026, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

**Total income is less than the total claim amount**

Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

**For non-resident only (Tick the box that applies to you.)**

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2026?

Yes (Fill out the previous page.)

No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

Call the international tax and non-resident enquiries line at **1-800-959-8281** if you are unsure of your residency status.

**Provincial or territorial personal tax credits return**

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$16,452. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount **only**.

**Note:** You may be able to claim the child amount on Form TD1SK, 2026 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2026. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

**Deduction for living in a prescribed zone**

You may claim **any** of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2026:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

\$

Employees living in a prescribed **intermediate** zone may claim 50% of the total of the above amounts.

For more information, go to [canada.ca/taxes-northern-residents](http://canada.ca/taxes-northern-residents).

**Additional tax to be deducted**

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

\$

**Reduction in tax deductions**

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

**Forms and publications**

To get our forms and publications, go to [canada.ca/cra-forms-publications](http://canada.ca/cra-forms-publications) or call **1-800-959-5525**.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, and to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at [canada.ca/cra-info-source](http://canada.ca/cra-info-source).

**Certification**

I certify that the information given on this form is correct and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_

It is a serious offence to make a false return.



# Direct Deposit Program

## How does direct deposit work?

- Your deposit will be made to a savings or chequing account in any financial institution in Canada including banks, credit unions, caisse populaires or trust companies.
- You will receive a Notice of Deposit which will explain the calculation of your net pay and indicate the amount of deposit to your account.
- Your deposit will be made on pay day.

## What is required?

- You must complete and return this direct deposit form for initial set-up or for subsequent change of account number, to your District payroll officer.

## Where can I get more information?

- For more information, contact the payroll section in your school district.

20-1010 (4/06)

# Direct Deposit Program

## Application For Direct Deposit Service



To be completed by the employee. (by using a pen)

School District number  Location

Employee surname

Given name

Initials

Social Insurance Number (Mandatory)  -  -

I here by authorize you to credit my account with salary payments

Employee signature \_\_\_\_\_

Date \_\_\_\_\_

Instructions: If you have a personalized cheque on which your name and account number are printed, you can simply attach a blank one to this application. Please mark "VOID" across the face of the cheque. If you do not have such a cheque, the section to the right must be completed and validated by your bank or financial institution.

**Important: Please do not cancel current account until the new Direct Deposit happens.**

To be completed by bank or other financial institution - please print

Transit number and bank identification  -

Account number

Bank/financial institution name \_\_\_\_\_

Bank/financial institution address \_\_\_\_\_

Authorized signature \_\_\_\_\_

Date \_\_\_\_\_

Validation stamp



# User Account Request Form



**ALL** fields are required to be filled out before account can be processed.

Legal First Name:	Legal Middle Name:	Legal Surname:
Permanent Employee <input type="checkbox"/> OR Casual Employee <input type="checkbox"/>	Personal E-Mail:	
<b>POSITION</b> (please check <b>ALL</b> appropriate box(es)) <b>Choose Education Centre(s):</b> <input type="checkbox"/> Bathurst <input type="checkbox"/> Miramichi <input type="checkbox"/> Principal <input type="checkbox"/> Vice-Principal <input type="checkbox"/> Guidance Counsellor <input type="checkbox"/> Supply Teacher <input type="checkbox"/> EAL Tutor <input type="checkbox"/> BIM <input type="checkbox"/> Admin Assistant <input type="checkbox"/> Educational Assistant <input type="checkbox"/> Custodian <input type="checkbox"/> Bus Driver <input type="checkbox"/> Volunteer <input type="checkbox"/> Teacher Gr. ____ → <input type="checkbox"/> LTS OR <input type="checkbox"/> Contract C/D/E Teacher → Completion Date: _____ <input type="checkbox"/> Intern → Specify Position _____ → Completion Date: _____ → University Attending: _____ <input type="checkbox"/> Other: _____		
<b>Multi-Factor Authentication (MFA)</b> is a security requirement for accessing your nbed email on a personal device. When your Microsoft 365 account is created, we can configure MFA on your behalf <b>using the phone number you list below.</b>  <b>Mobile Phone</b> using SMS (text): _____ OR <b>Home Phone</b> (Microsoft Calls): _____ I authorize the <b>phone number above</b> to be set up for MFA: Yes <input type="checkbox"/> No <input type="checkbox"/> Please initial for approval: _____ ITSS recommends <b>Microsoft Authenticator</b> mobile app as your <b>default</b> MFA method, with <b>SMS as a backup. Setup</b> instructions are available under " <b>MFA &amp; Passwords</b> " at <a href="https://nbed.sharepoint.com/sites/ITSS/SitePages/Help-Documents.aspx">https://nbed.sharepoint.com/sites/ITSS/SitePages/Help-Documents.aspx</a>		
<b>Location Information</b>		
Previous District and School (if applicable):	Presently Assigned School (if applicable):	
<b>No request will be processed unless this form is completely filled out.</b> Forms with missing information will be sent back to the originator for completion. Please allow <b>five</b> working days for processing.		
<b>Signature / Approval</b>		
Employee Name (please print)	New Employee's Signature	Date
Approval (Human Resources, School Principal or District Learning Specialist)		Date
<b>FOR IT Use Only:</b> <input type="checkbox"/> Account Created <input type="checkbox"/> Beauceron <input type="checkbox"/> Global Protect <input type="checkbox"/> Licensed <input type="checkbox"/> Script <input type="checkbox"/> Language <input type="checkbox"/> Emailed		

To view additional ITSS documentation, visit **ITSS Help Resources** at <https://nbed.sharepoint.com/sites/ITSS>

To create a new support request, visit the Helpdesk at <https://intranet.nbed.nb.ca/helpdesk/>

**IT Shared Services - Partners in Education for Innovative Technology Solutions**



The New Brunswick Department of Education provides Internet access subject to the terms and conditions of *Policy 311 - Information and Communication Technology Use*. Before an email account is assigned, you must agree to accept and abide by all terms and conditions of this policy.

Policy 311 has been developed to encourage competent and responsible use of Information and Communication Technologies (ICT) provided through the public school system.

All users of information and communication services and equipment owned or managed by the Department are responsible for using these services/resources in an appropriate, legal, and efficient manner and will be held accountable for misuse. You also agree to keep confidential your E-mail account password and to disallow access and use of your E-mail account and its services by others. Use of your E-mail account and its services may be forfeited if you are found to be in violation of the terms and conditions in the Policy document.

The ICT policy applies 24 hours a day, seven days a week, during and outside of office hours, to all users of information and communication technologies, Internet, and E-mail services.

Adults in the public education system are entrusted with maintaining the good reputation of public education through exemplary conduct.

All Users Will adhere to the *Information and Communication Technologies Use Policy* and its guidelines.

Users Shall:

- Not create, access, store, send or print pornographic, discriminatory, or hate-motivated material.
- Refrain from accessing network/Internet services anonymously.
- Refrain from using free E-mail. (e.g., Hotmail, Gmail, Yahoo, etc.)
- Refrain from using unprotected chat sites.
- Protect personal safety of minors and refrain from compromising the safety of others.
- Respect others' privacy. Refrain from intercepting private communications and E-mails.
- Be aware that E-mail and electronic files pertaining to government business are subject to the Right to Information Act.
- Keep login identifiers and passwords confidential. Change passwords regularly and shutdown E-mail when leaving a computer unattended.
- Refrain from infringing on copyrighted material.
- Refrain from using Internet/network resources to access/store games for recreational purposes.
- Avoid any high-volume transmissions.
- Refrain from obtaining, by any means, access to any system, service, privilege, or electronic material to which the user is not entitled.
- Refrain from making use of ICT provided/managed through the public school system for *personal* monetary gain.

The entire policy is available on-line at <https://www2.gnb.ca/content/dam/gnb/Departments/ed/pdf/K12/policies-politiques/e/311A.pdf>.

---

### Acknowledgement

This is to acknowledge that I agree to comply with Policy 311, and that I have received, reviewed, and have effective knowledge of Policy 311, Information and Communication Technologies Use.

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

To view additional ITSS documentation, visit **ITSS Help Resources** at  
<https://nbed.sharepoint.com/sites/ITSS>

To create a new support request, visit the Helpdesk at  
<https://intranet.nbed.nb.ca/helpdesk/>