

# PAYROLL DOCUMENTATION

*Welcome to St. Joseph's Health Care London.*

## **What is Required for Payroll Documentation:**

- ❑ Proof of banking information (i.e. void cheque or direct deposit form)
- ❑ Signed Acceptance Form
- ❑ Completed Employee Information Form
- ❑ Completed Provincial Tax Form (TD1ON)
- ❑ Completed Federal Tax Form (TD1)
  - ❑ If you require assistance in completing the tax forms click here: [Filing Form TD1, Personal Tax Credits Return Canada.ca](#)
- ❑ HOOPP Questionnaire
- ❑ Outstanding Conditions of Employment
- ❑ French Language Skills Self-Assessment

**Payroll Direct Deposit Information:**

Using direct deposit, St. Joseph's Health Care London, will deposit your payroll automatically into your bank account. Payroll is deposited on a bi-weekly basis, every other Thursday.

St. Joseph's allows employees to deposit a portion of their pay into a secondary bank account, if desired.

**Please complete this form and include a void cheque or direct deposit/debit form from your financial institution for each account.**

<b>EMPLOYEE LEGAL NAME:</b>	<b>EMPLOYEE NUMBER:</b>
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Please check one or more of the following:

- New Payroll Deposit
- Change Payroll Deposit information
- Add a secondary deposit

Please ensure you have included **ONE** of the following, for each deposit account with this form:

- Void Cheque
- Direct Deposit/Debit form provided by your Financial Institution

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**If adding a secondary bank account, please specify:**

- Which account is your primary account: \_\_\_\_\_ (last 4 digits of the account number)
- A fixed dollar amount to be deposited to a subsequent account from each pay: \$ \_\_\_\_\_

**Please note the following:**

- We cannot deposit your payroll into an account where you are not the account owner/co-owner
- We cannot deposit into a Line of Credit account
- It may take up to 5 business days for direct deposit information to be processed.
- If changing your direct deposit information, we recommend that you do not close your existing account until you see the first deposit in the new account.

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**Pay Statements:**

St. Joseph's Health Care London provides all employees with electronic access to their pay statements (ePay).

Employees can easily access their pay statements electronically both at work and off-site. You will find more details and instructions on the **Before Your First Day** tab of the Orientation website under **HR Forms and Documentation**.

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I hereby acknowledge the above, and authorize St. Joseph's Health Care London, to deposit my payroll earnings to the bank account(s) indicated.

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Signature

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Date



I, \_\_\_\_\_, accept the terms and conditions as  
(Please print your First and Last Name)

outlined in my offer of employment dated \_\_\_\_\_.  
(Date of Offer Letter)

I confirm that I will commence \_\_\_\_\_  
(Full-time, Part-time, Casual Part-time)

employment as a \_\_\_\_\_ on \_\_\_\_\_  
(Job Title) (Start Date)

I understand that through my employment at St. Joseph's Health Care London, I may learn, have access to and be entrusted with personal and confidential information about patients, residents, clients, staff and families as well as the operations of the health centre and that I will keep this information in the strictest confidence.

I recognize my obligation to not speak about confidential issues in any area that is not private or protected and to safeguard written and electronic data information.

I also understand that I am expected to continue to respect and to protect confidential health centre, patient, resident, client, staff and family information even after my employment with St. Joseph's ends.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# EMPLOYEE INFORMATION FORM



Personal Information contained within this form is collected pursuant to the *Employment Standards Act* and the *Income Tax Act*, and will be used for the purpose of employment records and retention with St. Joseph's Health Care London. Questions about this collection should be directed to St. Joseph's Health Care London, Privacy and Freedom of Information Consultant, 268 Grosvenor Street, London, ON. 519-646-6100 ext. 61418.

## EMPLOYEE INFORMATION (Section 1)

Last Name	First Name	Middle Name
Common Name		SIN #

## PERSONAL INFORMATION (Section 2)

Street Address		Province	Postal Code
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	City	Contact Number	Date of Birth Y ____ M ____ D ____

## EMERGENCY CONTACT (Section 3)

Emergency Contact Name		Relationship
Street Address	City	Province
Postal Code	Contact Number	Work Number

## BANK INFORMATION (Section 4)

Please attach a void cheque or bank statement

By my signature below, I certify the above information provided is accurate and true and may be verified by St. Joseph's Health Care London at its sole discretion. I declare that the Social Insurance Number (SIN) provided above is my SIN and as such I indemnify St. Joseph's of any actions, suits, penalties that may arise from the appropriate use of the SIN by St. Joseph's in the course of my employment.

I authorize St. Joseph's Health Care to withhold any overpayment or money owing to St. Joseph's arising from my employment from my final pay(s).

Employee Signature:	Date:
Employee #	



## Healthcare of Ontario Pension Plan (HOOPP) New Employee Questionnaire

### To be Completed by Casual, Job Share, Part-Time and Temporary Employees

If you are a casual, job share, part-time or temporary employee:

- Enrollment in HOOPP is optional.
- You may choose to enroll in HOOPP at any time on a go forward basis (not retroactive) by providing Human Resources with written notification of your intention to enroll.
- If you later become a full-time employee, you will be enrolled in HOOPP as of your transfer date.
- Refer to the HOOPP member booklet [What You Need - A Pension Plan For You](#) for further information.

For additional information visit [www.hoopp.com](http://www.hoopp.com) or call HOOPP Client Services at 1-877-434-6677.

Completion of this form is **mandatory**. Return your completed form to Human Resources with your payroll documentation.

Do you want to enroll in HOOPP at St. Joseph's Health Care London?

YES

NO

By signing below, I acknowledge that I have reviewed the information above.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

## French Language Skills Self Assessment

St. Joseph's Health Care London is a French Language identified health service provider. In order to serve our Francophone population, we are asking all employees with the ability to communicate in French to complete the following. Please assess your current French language capacity by completing.

The information will be used to plan the delivery of services in French.

Based on the definitions provided, please indicate your linguistic abilities. Check one box under "Oral Skills" and one box under "Written Skills".

Name:

Please select your oral skill level:

- No Proficiency
- Elementary
- Intermediate
- Advanced
- Superior

Please select your written skill level:

- No Proficiency
- Elementary
- Intermediate
- Advanced
- Superior

If you have identified as possessing French language skills, are you comfortable communicating in French with patients and hospital visitors?

- Yes  No

Are you comfortable conducting medical interview in French?

- Yes  No

## Oral Level Definitions

### **No Proficiency**

- \* no ability to communicate in French

### **Elementary**

- \* Has limited ability to speak – some memorized material on familiar topics related to work
- \* Able to verbalize isolated words and two or three word expressions (e.g. greetings, expressions of courtesy)
- \* Can express simple, unconnected sentences
- \* Limited vocabulary, frequent errors and slow delivery inhibit communication

### **Intermediate**

- \* Has some ability to work in French
- \* Shows some spontaneity in language production, but fluency is uneven and speech is halting
- \* Able to participate in simple conversations on one-to-one basis
- \* Limited vocabulary – simple, non-technical daily conversational usage
- \* Able to make/answer requests for information or directions and to give simple instructions

### **Advanced**

- \* Able to participate with some ease in conversations on work-related matters and to express opinions
- \* Can participate in meetings and discussion groups
- \* May still need some assistance with complicated or difficult conversations

### **Superior**

- \* Can speak with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations on all topics
- \* Able to give verbal presentations in both formal and informal settings

## **Written Level Definitions**

### **No Proficiency**

- \* No ability to write in French

### **Elementary**

- \* Able to write a few words, perhaps sentences on work-related topics, maybe with the help of a dictionary
- \* Can complete forms, giving general information (e.g. time and location of meetings) using a standard format
- \* Vocabulary is limited to daily use.
- \* Has no practical communicative writing skills

### **Intermediate**

- \* Able to write words and simple sentences
- \* Can make/answer simple requests for information
- \* Vocabulary is limited to daily use
- \* Often experiences problems with grammar and spelling
- \* Able to meet some practical elementary writing needs

### **Advanced**

- \* Able to use a variety of sentence types to express general ideas and opinions on non-specialized topics
- \* Can write simple letters and reports, with little grammar and spelling errors
- \* Able to write with some sense of organization and stylistics

### **Superior**

- \* Able to express oneself effectively in most formal and informal writing on all topics
- \* Errors in grammar and spelling are minor and infrequent



# 2022 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 \$14,398. However, if your net income from all sources will be greater than \$155,625 and you enter \$14,398, 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 \$155,625, you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2022 Personal Tax Credits Return, and enter the calculated amount here.

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**2. Canada caregiver amount for infirm children under age 18** – Either parent (but not both), may claim \$2,350 for each infirm child born in 2005 or later, that resides with both parents throughout the year. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the "Amount for an eligible dependant" on Line 8 may also claim the Canada caregiver amount for that same child who is under age 18.

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**3. Age amount** – If you will be 65 or older on December 31, 2022, and your net income for the year from all sources will be \$39,826 or less, enter \$7,898. If your net income for the year will be between \$39,826 and \$92,480 and you want to calculate a partial claim, get Form TD1-WS, Worksheet for the 2022 Personal Tax Credits Return, and fill in the appropriate section.

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**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.

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

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**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 \$8,870.

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**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 Line 1 (Line 1 plus \$2,350 if they are **infirm**), enter the difference between this amount and their estimated net income for the year. If their net income for the year will be Line 1 or more (Line 1 plus \$2,350 if they are **infirm**), you cannot claim this amount. In all cases, if their net income for the year will be \$25,195 or less **and** they are **infirm**, go to Line 9.

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**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 Line 1 (Line 1 plus \$2,350 if they are **infirm** and you **cannot claim the Canada caregiver amount for children under age 18 for this dependant**), enter the difference between this amount and their estimated net income. If their net income for the year will be Line 1 or more (Line 1 plus \$2,350 or more if they are **infirm**), you cannot claim this amount. In all cases, if their net income for the year will be \$25,195 or less **and** they are **infirm and are age 18 or older**, go to Line 9.

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**9. Canada caregiver amount for eligible dependant or spouse or common-law partner** – If, at any time in the year, you support an **infirm** eligible dependant (aged 18 or older) or an **infirm** spouse or common-law partner whose net income for the year will be \$25,195 or less, get Form TD1-WS and fill in the appropriate section.

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**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 \$16,748**) whose net income for the year will be \$17,670 or less, enter \$7,525. If their net income for the year will be between \$17,670 and \$25,195 and you want to calculate a partial claim, get Form TD1-WS and fill in the appropriate section. You can claim this amount for more than one infirm dependant age 18 or older. If you are sharing this amount with another caregiver who supports the same dependant, get the Form TD1-WS and fill in the appropriate section.

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**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.

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**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.

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

**Filling out Form TD1**

Fill out this form **only** if any of the following apply:

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

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

If you do not fill out 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.

**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 2022, 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 2022?

- 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 \$14,398, 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 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 2022, you may be able to claim the child amount on Form TD1SK, 2022 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 2022, you can claim any of the following:

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

\$

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

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

**Additional tax to be deducted**

You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax and benefit return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, fill out a new Form TD1.

\$

**Reduction in tax deductions**

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

**Forms and publications**

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

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 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.**

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

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

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

<p><b>1. Basic personal amount</b> – 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 2022, see "More than one employer or payer at the same time" on page 2.</p>	11,141
<p><b>2. Age amount</b> – If you will be 65 or older on December 31, 2022, and your net income from all sources will be \$40,495 or less, enter \$5,440. If your net income for the year will be between \$40,495 and \$76,762 and you want to calculate a partial claim, get Form TD1ON-WS, Worksheet for the 2022 Ontario Personal Tax Credits Return, and fill in the appropriate section.</p>	
<p><b>3. Pension income amount</b> – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,504, or your estimated annual pension income, whichever is less.</p>	
<p><b>4. 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 \$9,001.</p>	
<p><b>5. Spouse or common-law partner amount</b> – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be \$946 or less, enter \$9,460. If their net income for the year will be between \$946 and \$10,406 and you want to calculate a partial claim, get Form TD1ON-WS and fill in the appropriate section.</p>	
<p><b>6. Amount for an eligible dependant</b> – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be \$946 or less, enter \$9,460. If their net income for the year will be between \$946 and \$10,406 and you want to calculate a partial claim, get Form TD1ON-WS and fill in the appropriate section.</p>	
<p><b>7. Ontario caregiver amount</b> – You may be supporting an eligible infirm dependant aged 18 or older who is either your or your spouse's or common-law partner's:</p> <ul style="list-style-type: none"> <li>• child or grandchild</li> <li>• parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada</li> </ul> <p>If this is your situation, get Form TD1ON-WS and fill in the appropriate section.</p>	
<p><b>8. 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.</p>	
<p><b>9. Amounts transferred from a dependant</b> – If your dependant will not use all of their <b>disability amount</b> on their income tax and benefit return, enter the unused amount.</p>	
<p><b>10. TOTAL CLAIM AMOUNT</b> – Add lines 1 to 9. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.</p>	

**Filling out Form TD1ON**

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

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

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

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

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

- If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1ON for 2022, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1ON, **check** this box, enter "0" on line 10 and do not fill in lines 2 to 9.

**Total income less than total claim amount**

- Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 10. Your employer or payer will not deduct tax from your earnings.

**Additional tax to be deducted**

If you wish to have more tax deducted, fill in "Additional tax to be deducted" on the federal Form TD1.

**Reduction in tax deductions**

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

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