



ST. THOMAS MORE COLLEGE

UNIVERSITY OF SASKATCHEWAN

STUDENT ASSISTANT HIRE FORM

*(TO BE COMPLETED BY FACULTY MEMBER/UNIT HEAD/SUPERVISOR AND RETURNED
TO PAYROLL MANAGER UPON COMMENCEMENT OF EMPLOYMENT)*

EMPLOYEE NAME: _____

STUDENT NUMBER/NSID: (both) _____

POSITION TITLE: _____

YEARS OF UNIVERSITY COMPLETED: _____

EMPLOYEE PHONE NUMBER: _____

EMPLOYEE EMAIL ADDRESS: _____

FUND NUMBER: (Research Grants) _____

DATE OF HIRE: _____

RATE OF PAY: (without benefits) _____

HIRED BY: _____

DEPARTMENT: _____

EXPECTED LENGTH OF EMPLOYMENT:

TERM 1 (SEPT - DEC) _____

TERM 2 (JAN - APR) _____

OTHER (please indicate) _____

EMPLOYEE SIGNATURE: _____

AUTHORIZED BY: _____
(Faculty/Staff Signature)

FOR PAYROLL OFFICE USE ONLY:

Date Received: _____

TD1 and TD1SK Included: Yes (____), No (____)

Follow-Up Date: _____



PERSONAL INFORMATION FORM

HIRE

INSTRUCTIONS: This form must be completed by the employee upon initial hire into company UOS, RAO or PMT or where the employee has not worked in the current calendar year. A **Personal Information Change Form** should be completed when changes to personal information occur including any changes to Name, Residential Address and Campus Address (e.g. upon hire or rehire, placement, promotion or transfer to a new department), etc. **Please attach the signed original to the Job Information form (JIF) and forward to Human Resources.**

PERSONAL INFORMATION (Please provide full legal name. Record the name and SIN exactly as they appear on the SIN card.)

Surname		First Name		Middle Name 1	Middle Name 2
Middle Name 3	Title: Mr., Mrs., Ms, Dr., etc.		Suffix: JR, SR, CA, QC, OC, etc.		Preferred Name (If different from First Name)
Gender: (Male / Female)	Birth Date (Month, Day, Year)		Social Insurance Number (SIN) Expiry Date: required for all non Canadians & non Permanent Residents.		Student Number

A **Residential Address** must be provided for all hires. A **U of S Business/Campus Mailing Address** must also be provided for all hires, with the exception of casual hires. An **Alternative Address** is optional. The Alternative Address is most often used to designate an address that is only effective for a short period of time within the time span of one of the other addresses provided, or an address to which mail could be sent if undeliverable to either of the other addresses.

NOTE: Name and address information provided will be entered in the University's U-Who contact database. This information is used by departments and administrative units on campus for their business purposes.

RESIDENTIAL Mailing Address

☐ Same as TD1 (Please indicate phone) ☐ Expire all previous Residential Addresses.

Address Delivery Line: Box or Street			
City / Town	Province / State	Postal / Zip Code	Country
Effective From (Month, Day, Year)		Effective To (Month, Day, Year)	

Telephone/Fax/Email Address

Telephone ()
Fax ()
Email

UofS BUSINESS / Campus Mailing Address (Not required for casual hires)

Employee mail will normally be sent to your Campus Address.

* If you do not wish your mail to be sent to your campus address, select which of the following addresses is your preferred address: ☐ Residential ☐ Alternative

Note: Requests to direct mail to another address will be accommodated where feasible. If you are working in more than one department, mail can only be directed to one Campus Address.

Internal Routing Addressee Line 1 (For Campus addresses Enter College, Department or Unit Name here)	
Internal Routing Addressee Line 2 (For Campus Addresses Enter Building Name here)	
Effective From (Month, Day, Year)	Effective To (Month, Day, Year)

Telephone/Fax/Email Address

Telephone ()
Fax ()
Email

ALTERNATIVE Mailing Address: ☐ Residential ☐ Business

Internal Routing Addressee Line 1			
Internal Routing Addressee Line 2			
Address Delivery Line: Box or Street			
City / Town	Province / State	Postal / Zip Code	Country
Effective From (Month, Day, Year)		Effective To (Month, Day, Year)	

Telephone/Fax/Email Address

Telephone ()
Fax ()
Country Code Phone / Fax (f outside North America)
Email

REMARKS:

Employee Signature ***DO NOT USE BLACK INK***

Date

If Employee Signature is not available, the signature below signifies that the above information has been authenticated.

Verified by (Please Print Name)

Signature ***DO NOT USE BLACK INK***

Phone

Date Verified

Date Received:

<http://www.usask.ca/hrd/forms/>
Revised 02/01/2005

**St. Thomas More College
Emergency Contact Information Form**

Last name	First Name

Name: _____	Relationship: _____
Phone: _____	
Cell: _____	
Name: _____	Relationship: _____
Phone: _____	
Cell: _____	

Comments- Expanations- Additional Information:

Employee Signature

Please submit this form directly to payroll.



ST. THOMAS MORE COLLEGE

REQUEST FOR PAYMENT BY DIRECT DEPOSIT

Name: _____

Address: _____

INFORMATION FOR PAYROLL PURPOSES

SOCIAL INSURANCE NUMBER

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ST. THOMAS MORE COLLEGE IS HEREBY AUTHORIZED AND REQUESTED TO CREDIT PAYMENTS DUE ME TO MY ACCOUNT WITH THE FINANCIAL INSTITUTION DESIGNATED BELOW, UNTIL CANCELLED BY ME IN WRITING.

Signature _____ Date _____

***MUST INCLUDE SAMPLE PREAUTHORIZED PAYMENT FORM OR CHEQUE MARKED "VOID TO BE PROCESSED."**

BANK OR FINANCIAL INSTITUTION _____

BRANCH ADDRESS _____

CITY _____ PROVINCE _____

BANK NUMBER	TRANSIT NUMBER	ACCOUNT NUMBER	PERCENTAGE OF NET CHEQUE TO BE DEPOSITED
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	%

BANK NUMBER	TRANSIT NUMBER	ACCOUNT NUMBER	PERCENTAGE OF NET CHEQUE TO BE DEPOSITED
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	%

BANK NUMBER	TRANSIT NUMBER	ACCOUNT NUMBER	PERCENTAGE OF NET CHEQUE TO BE DEPOSITED
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2025 Personal Tax Credits Return

TD1

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 \$16,129. However, if your net income from all sources will be greater than \$177,882 and you enter \$16,129, 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 \$177,882 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2025 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 \$2,687 for each infirm child born in 2008 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, 2025, and your net income for the year from **all** sources will be \$45,522 or less, enter \$9,028. You may enter a partial amount if your net income for the year will be between \$45,522 and \$105,709. 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 \$10,138.

7. Spouse or common-law partner amount – Enter the difference between the amount on line 1 (line 1 plus \$2,687 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 \$2,687 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 \$28,798 or less.

8. Amount for an eligible dependant – Enter the difference between the amount on line 1 (line 1 plus \$2,687 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 \$2,687 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 \$28,798 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 \$28,798 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 \$18,816) whose net income for the year will be \$20,197 or less, enter \$8,601. You may enter a partial amount if their net income for the year will be between \$20,197 and \$28,798. 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 2025, 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 2025?

☐ 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 \$16,129. 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, 2025 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2025. 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 2025:

- \$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**.

\$

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** 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**.

Certification

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

Signature _____

It is a serious offence to make a false return.

Date _____

2025 Saskatchewan 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 number
Address	Postal code 	For non-residents only Country of permanent residence	Social insurance number

1. Basic personal amount – Every person employed in Saskatchewan and every pensioner residing in Saskatchewan can claim this amount. If you will have more than one employer or payer at the same time in 2025, see "More than one employer or payer at the same time" on page 2.

18,991

2. Age amount – If you will be 65 or older on December 31, 2025, and your net income from **all** sources will be \$43,066 or less, enter \$5,785. You may enter a partial amount if your net income for the year will be between \$43,066 and \$81,633. To calculate a partial amount, fill out the line 2 section of Form TD1SK-WS, Worksheet for the 2025 Saskatchewan Personal Tax Credits Return.

3. Senior Supplementary amount – If you are a resident of Saskatchewan who will be 65 or older on December 31, 2025, enter \$1,528.

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**: \$1000 or your estimated annual pension.

5. 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 \$11,188.

6. Spouse or common-law partner amount – Enter \$18,991 if you are supporting your spouse or common-law partner and **all** of the following conditions apply:

- Your spouse or common-law partner lives with you
- Your spouse's or common-law partner's net income for the year will be \$1,900 or less

You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between \$1,900 and \$20,891. To calculate a partial amount, fill out the line 6 section of Form TD1SK-WS.

7. Amount for an eligible dependant – Enter \$18,991 if you are supporting an eligible dependant and **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
- The dependant is related to you and lives with you
- The dependant has a net income from all sources of \$1,900 or less for the year

You may enter a partial amount if the dependant's net income for the year will be between \$1,900 and \$20,891. To calculate a partial amount, fill out the line 7 section of Form TD1SK-WS.

8. Child amount – Enter \$7,204 for each child you are supporting who will be under the age of 18 at any time during 2025. If you have a spouse or common-law partner, the parent with the lower net income must make the claim. You **cannot** claim the amount for a child you claimed on line 7 or a child claimed by anyone else as a dependant.

9. Caregiver amount – Enter \$11,188 if you are taking care of a dependant and **all** of the following conditions apply:

- The dependent is your or your spouse's or common-law partner's parent or grandparent (aged 65 or older) or an infirm relative (aged 18 or older)
- The dependant lives with you
- The dependant has a net income of \$19,108 or less for the year

You may enter a partial amount if the dependant's net income for the year will be between \$19,108 and \$30,296. To calculate a partial amount, fill out the line 9 section of Form TD1SK-WS.

10. Amount for infirm dependants age 18 or older – Enter \$11,188 if you are supporting an **infirm** dependant and **all** of the following conditions apply:

- The dependant lives in Canada and is related to you or your spouse or common-law partner
- The dependant is 18 years or older
- The dependant has a net income of \$7,938 or less for the year

You may enter a partial amount if the dependant's net income for the year will be between \$7,938 and \$19,126. To calculate a partial amount, fill out the line 10 section of Form TD1SK-WS. You **cannot** claim an amount for a dependant you claimed on line 9.

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, senior supplementary amount, pension income amount, disability amount, or child 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.

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

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

Filling out Form TD1SK

Fill out this form if you have taxable income in Saskatchewan 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 TD1SK, 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 TD1SK for 2025, 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 TD1SK, 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. Then 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 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.

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.