

Nishnawbe-Aski Legal Services
Corporation

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L'PCLP'Δᐱ

May 26, 2022

Freeman White Jr.
920 ON 17
Kenora, ON
P9N 1L9

Dear Freeman:

Re: Employment Agreement – Discharge Program Driver – Kenora, ON

On behalf of Nishnawbe-Aski Legal Services Corporation ("NALSC"), I am pleased to offer you employment as a **Discharge Program Driver** in accordance with the terms and conditions described in the attached employment agreement ("the Agreement").

Please carefully read and consider the terms and conditions in the Agreement and confirm your understanding of, and agreement with, them by signing and returning the countersigned copy to me. Please retain the second copy of the Agreement your records. When countersigned by you, the Agreement shall constitute a binding employment agreement between you and NALSC.

Freeman, we warmly welcome you to NALSC. We look forward to working with you and look forward to a mutually successful future together!

Yours truly,



Colette Shwetz
HR Manager

Mailing Address:

1805 Arthur St E
Thunder Bay, Ontario
P7E 2R6

Tel: (807) 622-1413
Fax: (807) 622-3024

Email:
info@nanlegal.on.ca

Website:
Http://www.nanlegal.on.ca



Head Office:

1388 Mission Rd. Fort
William First Nation, ON
P7J 1K7

EMPLOYMENT AGREEMENT

BETWEEN:

NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
hereinafter called "NALSC"

- and -

Freeman White Jr.

(Term contract as stated below)

1. Employment

You will hold the position of **Discharge Program Driver**, operating out of **Kenora** and will report to the program manager. A brief job description for this position, which may be amended by the Company from time to time, is enclosed hereto as Appendix "A". Your title, duties and responsibilities may be changed at the discretion of the Company, consistent with your role, and shall not constitute a constructive dismissal.

For the period that you are employed, the expectation is that you shall devote the whole of your working time, attention, and ability to the business of NALSC and you shall truly and faithfully serve NALSC and shall use your best efforts to promote the interests of NALSC. To that end, you shall not engage in any activities which would result in your interests coming into conflict with the interests of NALSC.

You are required to provide Human Resources with a clear or satisfactory drivers abstract prior to your start date. You can obtain a copy of this at <https://www.ontario.ca/page/get-driving-record>

2. Term

You will commence employment on **June 2, 2022**, with your employment ending **March 31, 2023**, subject to the termination provisions contained herein. This is a term position and is based solely on approved funding received for the **Discharge Planning program**.

3. Probationary Period

Your employment shall be subject to a three (3) month probationary period, during which time NALSC will determine your suitability. NALSC reserves the right to terminate this Agreement at any time during the probationary period for any reason so long as you are provided with minimum notice of such termination, or pay in lieu of notice, if any, in accordance with the Ontario *Employment Standards Act, 2000* (the "ESA"). This probationary period in no way acts as a guarantee of employment for this three-month period.

4. Compensation

You will receive the following compensation and benefits:

- (a) **Local Trip:** You will receive a flat rate of \$25 for each trip you make within 50km of the city/town you are hired for.
- (b) **Non-local Trip:** All travel outside 50km of the city/town you are hired for will be pre-determined and paid per trip. These rates are in the attached "Schedule A."
- (c) **Benefits:** You will be entitled to apply for benefits as per the NALSC Policy Manual.

5. Vacation

Vacation shall be paid to you each pay period as per the minimum amount required by the ESA (Employment Standards Act).

You are entitled to vacation time as per ESA. All vacation time must be pre-approved and will be scheduled at mutually convenient times recognizing that, in a small office such as ours, we must always be conscious of having coverage.

6. Hours of Work

This is a contract position. Your hours of work will be on an 'as required' basis, with no guaranteed minimum hours of work. You must be available to respond to and perform your position duties based on the needs of the Discharge Planning Program.

If you are required or work, or request to work, more hours than provided for in this Agreement you must first obtain the written direction or written approval of your program manager within 24 hours of working such hours.

7. Personnel Policies, Procedures and Rules

You will be bound by any personnel policies, procedures and rules established by NALSC. By signing this Agreement, the Employee confirms that you have been provided with, has read, and agrees to abide by all policies, procedures and rules established by NALSC.

Also, as agreed upon during your interview, **you are required to provide a copy of your criminal records check for this position**. This will be required as soon as possible and before the end of your probationary period. Should you fail to provide this document, your probationary period may be extended, or your employment may be suspended or terminated.

8. Termination

While it is difficult to discuss the conclusion of a relationship at the outset, we believe it is helpful to address these issues so that both parties have clarity moving forward.

(a) **Just Cause.** If you engage in any act or omission which constitutes just cause at law, this Agreement will terminate immediately, and you shall receive no payments other than accrued wages and vacation entitlements to the date of termination.

(b) **Without Cause.** In the absence of just cause, NALSC may terminate this Agreement for any reason and

at any other time upon providing you with your entitlements pursuant to the ESA. This notice or pay in lieu of notice shall be calculated based on your base salary only and shall be in full satisfaction of any obligations owing to you by NALSC, statutory, common law or otherwise.

(c) **By the Employee.** If you elect to terminate this Agreement, you shall provide NALSC with four weeks' written notice. This notice may be waived by NALSC at its sole discretion, without any further payment or obligation to you.

9. Confidentiality

During the term of this Agreement, you will have access to information that NALSC considers to be confidential. Such confidential information includes, but is not limited to, any information concerning clients, billing rates, employees, methods of procurement, financial, purchasing, marketing, logistical and or sales strategies and techniques of NALSC and other secret information and that such information constitutes valuable, special, and unique property of NALSC.

Accordingly, you agree that you will not, at any time, (either during employment or at any time thereafter) directly or indirectly, disclose to or for the benefit of any person, firm, corporation, association, business entity or agency, governmental or private, of any nature whatsoever and whosoever situate, any confidential information of NALSC, except in connection with the performance of your duties on behalf of NALSC or as publicly available other than as a consequence of the breach by you of your confidentiality obligations hereunder.

10. Return of Company Property and Documents

At the conclusion of employment, or earlier if requested by NALSC, you shall promptly surrender to NALSC, without retaining copies, all tangible items which are or contain confidential information pertaining to NALSC. You shall also return all electronic devices, files, memory keys, correspondence, memoranda, documents, training materials, manuals, computer software, hardware, and printouts, working papers, client lists, telephone/address books, business cards, appointment books, calendars and other tangible items which NALSC gave to you, or which you created in whole or in part within the scope of your employment, even if these items do not contain confidential information.

11. Authorization

By signing this letter, you authorize NALSC to deduct from any outstanding payment, including wages, owed to you by NALSC at any time, any monies which you owe to NALSC.

12. Entire Agreement

This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and cancels and supersedes any and all prior and contemporaneous agreements, discussions and understandings. There are no representations, warranties, forms, conditions, undertakings, or collateral agreements, express, implied, or statutory between the parties other than as expressly set forth in this Agreement. No waiver, modification, or termination of any term of this Agreement shall be effective unless in writing and signed by all parties.

13. Severability

The provisions, paragraphs and sub-paragraphs of this Agreement are and shall be deemed to be severable the one from the other. If any one or more of the provisions, paragraphs or sub-paragraphs contained herein shall be invalid, illegal, or unenforceable in any respect, the validity, legality and enforceability of the remaining provisions, paragraphs and subparagraphs contained herein shall not in any way be affected or impaired.

14. Headings

The headings contained in this Agreement are for reference purposes only and shall not in any way affect the meaning interpretation of this Agreement.

15. Governing Law

This Agreement shall be governed in all respects by the laws of the Province of Ontario and the laws of Canada applicable therein.

16. Assignment

Except as otherwise provided herein, no assignment of any rights or delegation of any obligations provided for herein may be made by any party without the express written consent of all other parties hereto. Notwithstanding the foregoing, NALSC may, upon two (2) days written notice to you, assign its rights, together with its obligations hereunder, to any associate or affiliate of NALSC.

17. Interpretation

The language used in this Agreement shall be deemed to be the language chosen by the parties to express their mutual intent, and the Agreement shall be interpreted without regard to any presumption or other rule requiring interpretation of the Agreement more strongly against the party causing it to be drafted.

18. Independent Legal Advice

You acknowledge that you have had ample opportunity to obtain independent legal advice in connection with the negotiation and ultimate execution of this Agreement. If you did not obtain independent legal advice, it is because you understood this Agreement, and did not feel that you needed legal advice. You therefore confirm that you are executing this Agreement freely, voluntarily and without duress.

19. Copy of the Agreement

You hereby acknowledge receipt of a copy of this Agreement duly signed by NALSC.

Freeman, I extend a very warm welcome to you. I hope you find your employment with the organization challenging and rewarding and look forward to a mutually successful future together.

Yours truly,

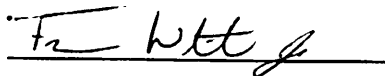


Colette Shwetz
HR Manager

I hereby accept the position I have been offered and agree to abide to all the terms and conditions outlined in the letter of employment.

Employee Signature

Date



May 26/2022



2022 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 <i>White</i>	First name and initial(s) <i>Freeman T</i>	Date of birth (YYYY/MM/DD) <i>2022/07/07</i>	Employee number
Address <i>920 HWY 17 E</i>	Postal code <i>R9V 1L9</i>	For non-residents only Country of permanent residence	Social insurance number <i>531 571 297</i>

- 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. *14,398*
- 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.
- 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.
- 4. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$2,000 or your estimated annual pension income, whichever is less.
- 5. Tuition (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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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. *14,398*

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.

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 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.

Certification

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

Signature



Date 2021-12-04

It is a serious offence to make a false return.



**2022 Ontario
Personal Tax Credits Return**

Protected B when completed
TD1ON

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 <i>White</i>		First name and initial(s) <i>Freeman T</i>	Date of birth (YYYY/MM/DD) <i>1988/07/07</i>	Employee number
Address <i>920 Hwy 17 E</i>		Postal code <i>R1S 1L19</i>	For non-residents only Country of permanent residence	Social insurance number <i>531 531 283</i>
<p>1. Basic personal amount – Every person employed in Ontario and every pensioner residing in Ontario can claim this amount. If you will have more than one employer or payer at the same time in 2022, see "More than one employer or payer at the same time" on page 2.</p>				11,141
<p>2. Age amount – 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>3. Pension Income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,541, or your estimated annual pension income, whichever is less.</p>				
<p>4. 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 \$9,001.</p>				
<p>5. 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 \$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>6. 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 \$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>7. Ontario caregiver amount – 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"> • child or grandchild • parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada <p>If this is your situation, get Form TD1ON-WS and fill in the appropriate section.</p>				
<p>8. 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, or disability amount on their income tax and benefit return, enter the unused amount.</p>				
<p>9. 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.</p>				
<p>10. TOTAL CLAIM AMOUNT – Add lines 1 to 9. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.</p>				11,141

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.

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 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.

Certification

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

Signature

Date 2021-12-08

It is a serious offence to make a false return.

Determination of Exemption of an Indian's Employment Income

To make sure correct information is entered, we suggest that this form be filled out by the employer, in the presence of the employee.

As an employer, you can use this form to help determine if an employee's employment income is exempt from income tax. The term "employee" on this form refers only to an employee who is an Indian as defined in the Indian Act.

Read the instructions on the next page for more information on how to fill out this form.

Employee identification

Last name (please print) <i>White</i>	Usual first name and initials <i>Freeman T</i>	Social insurance number <i>531531283</i>
Residential address including postal code		
Is the employee's residence located on a reserve?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Indian status

Is the employee an Indian as defined in the Indian Act? Yes No

If yes, was the employee an Indian as defined in the Indian Act:

prior to 2011?

because of Bill C-3 (also known as the Gender Equity in Indian Registration Act)? Only income earned on or after January 31, 2011, may be exempt from tax.

because of the creation of the Qalipu Mi'kmaq First Nation Band? Only income earned on or after September 22, 2011, may be exempt from tax.

Type of exemption ^{*1}

The employee performs employment duties:

1. entirely on a reserve 2. entirely off a reserve 3. partially on and partially off a reserve

If you chose 3, indicate the percentage of the employment duties the employee performs on a reserve: _____ %

All of the employee's employment income is exempt from income tax if any one of the following situations applies. Check the appropriate box.

the employee performs **at least 90% ^{*2}** of the employment duties on a reserve (guideline 1);

the employee and the employer reside on a reserve (guideline 2);

the employee performs **more than 50%** of the employment duties on a reserve, and the employee or the employer resides on a reserve (guideline 3); or

the employee's employment duties are connected to the employer's non-commercial activities carried on exclusively for the benefit of Indians who, for the most part, reside on reserves and the employer resides on a reserve; **and** the employer is:

- an Indian band that has a reserve or a tribal council representing one or more Indian bands that have reserves; or
- an Indian organization controlled by one or more such bands or tribal councils and is dedicated exclusively to the social, cultural, educational, or economic development of Indians who, for the most part, reside on reserves (guideline 4).

^{*1} The type of exemption is based on the Indian Act Exemption for Employment Income Guidelines. For a full description of the Guidelines including examples of exempt income and term definitions, go to canada.ca/en/revenue-agency/services/aboriginal-peoples/indian-act-exemption-employment-income-guidelines.

^{*2} Proration rule may apply: When less than 90% of the duties of an employment are performed on a reserve and the employment income is not exempted by another guideline, the exemption is to be prorated. The exemption will apply to the portion of the income related to the duties performed on the reserve.

Employee certification

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

Signature *Freeman T White* Date *June 2/2022*

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 the right to access their personal information, request correction, or file a complaint to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source

Instructions

- The employment income from a particular employment will not be exempt from income tax where one of the main reasons for that employment relationship is to establish a connecting factor to a reserve. A connecting factor is a fact which connects income to a reserve. For example, the fact that the employer is resident on a reserve is a connecting factor.
- If the employee's circumstances change, the employee will be required to fill out a new form.
- Keep a completed form on file for each employee. We may ask to review the form to verify that the income earned qualifies to be exempt from income tax based on the circumstances of the employment.
- For information on the requirements to deduct Canada Pension Plan contributions and employment insurance premiums, and for instructions on reporting requirements, see Guide T4001, Employers' Guide – Payroll Deductions and Remittances, and Guide RC4120, Employers' Guide – Filing the T4 Slip and Summary.

Employment-related income

Employment insurance benefits, retiring allowances, Canada Pension Plan benefits, Quebec Pension Plan benefits, registered pension plan benefits, and wage-loss replacement plan benefits will be exempt from income tax when they are received as a result of employment income that was exempt from tax. If a portion of the employment income was exempt, a similar portion of these amounts will be exempt.



Driver's Licence
Permis de conduire

ON
CANADA



1,2 NAME/ NOM
WHITE,
FREEMAN, TONY JR
8 920 HWY 17 E
KENORA, ON, P9N 1L9

4d NUMBER/
NUMÉRO **W3512 - 26988 - 80707**

4a ISS/ DÉL. 2022/01/05 4b EXP/ EXP 2026/07/07

5 DD/ RÉF. HF4871640 16 HGT/ HAUT. 170 cm

15 SEX/ SEXE M

9 CLASS/
CATÉG. G

12 REST./
COND. ZX

W3512-26988-80707
1988/07/07

T. White



3 DOB/ DDN **1988/07/07**

1-800-387-3242

ServiceOntario.ca

MIKEE * FREERAM * IONT * J * N * V * I * E * F * REERAM * IONT * J * N * V * I * E * F * REERAM * IONT * J * N * V * I * E * F * REERAM * IONT * J * N * V * I * E * F * REERAM * IONT * J * N * V * I * E * F * REE

9 CLASS/ CATEGORIE

Automobile/combin. (max. 11,000 kg),
towed vehicle (max. 4600 kg)
Automobiles/ensembles de véhicules
(11000 kg max.), véhicule remorqué
ne dépassant pas 4600 kg

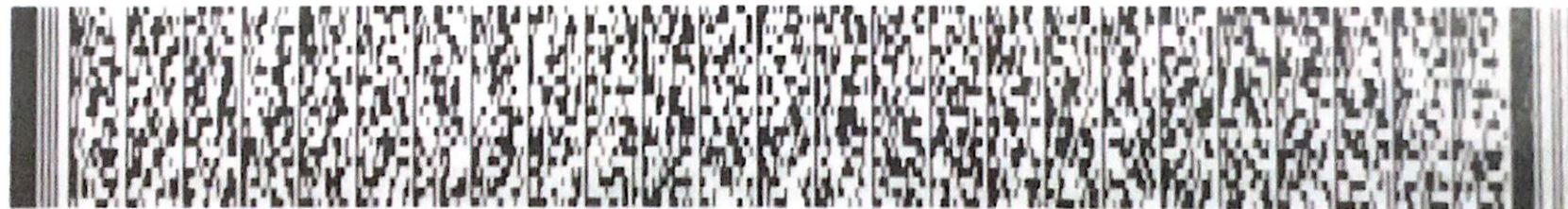
12 RESTRICTIONS/ CONDITIONS

Air Brake/Freins, air comprimé
Corr Lenses/Verres corr.

HF4871640



3148308





Indigenous and
Northern Affairs Canada

Affaires autochtones
et du Nord Canada

3386847

CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN

This is to certify that - Le présent atteste que

Family Name - Nom de famille

WHITE

Given Names - Prénoms

Freeman Tony Jr.

Alias - Nom d'emprunt

Registry No. - N° de registre

1580036102

is an Indian within the meaning of the *Indian Act*, chapter 27, Statutes of Canada (1985)
est un Indien au sens de la *Loi sur les Indiens*, chapitre 27 des Lois du Canada (1985)



Date of Birth - Date de naissance

Registry Group - Groupe d'enregistrement

1988.07.07

Naotkamegwanning FN

Sex - Sexe

M

This card is valid until

Cette carte est valide jusqu'au



2023.06.14

Holder's Signature - Signature du titulaire

Issuing Officer's Signature - Signature de l'agent émetteur

Issue Date - Date d'émission

2018.06.14

Finder please return postage free to INAC Ottawa, Ontario, Canada K1A 0H4

Quiconque trouve le présent est prié de le retourner franc de port, au AANC, Ottawa (Ontario) Canada, K1A 0H4

83-004 2015-12-21 7530-21-023-3673

Ministry No./No. du

V66-G-1007

Search Date/Date de recherche (Y/A M D/J)

2022/06/02

3 YEARS DRIVER RECORD SEARCH/
RECHERCHE DANS LE DOSSIER DU CONDUCTEUR DES 3 DERNIÈRES ANNÉES

PAGE 01

DRIVER INFORMATION/RENSEIGNEMENTS SUR LE CONDUCTEUR

Name/Nom WHITE,FREEMAN,TONY JR

Address/Adresse

Reference No. or Driver's Licence No./
No de référence ou du permis de conduire..... W35122698880707

Date of Birth/Date de naissance (Y/A M D/J)..... 1988/07/07

Sex/Sexe M

Height/Taille 170

Class/Catégorie G***

Condition/Restriction X/Y

Earliest Licence Date Available/
Date d' obtention du premier permis de conduire 2005/07/15

Expiry Date/Date d'expiration (Y/A M D/J) 2026/07/07

Status/Statut LICENCED/TITULAIRE D'UN PERMIS DE CONDUIRE

Date
Y/A M D/J CONVICTIONS, DISCHARGES, AND OTHER ACTIONS
CONDAMNATIONS, LIBÉRATIONS ET AUTRES ACTIONS

AIR BRAKE ENDORSEMENT
UTILISATION DE FREINS À AIR COMPRIMÉ
REQUIRES CORRECTIVE LENSES
VERRES CORRECTEURS REQUIS

2018/04/25 MANDATORY ENTRY-LEVEL TRAINING CLASS A COMPLETED
TRANSMISSION: MANUAL
COMPLETION DATE: 2018/04/23
FORMATION OBLIGATOIRE SUIVIE POUR DÉBUTANTS CAT A
TRANSMISSION: MANUEL
DATE D'ACHÈVEMENT: 2018/04/23

CURRENT DEMERIT POINTS TOTAL 00
TOTAL ACTUEL DES POINTS D'INAPTITUDE

***** END OF RECORD/FIN DU DOSSIER *****

Nishnawbe-Aski Legal Services Corporation

Acknowledgement



I hereby acknowledge that I have received a copy of the Nishnawbe-Aski Legal Services Corporation, Employee Manual containing the Personnel and Harassment Policies of the Corporation.

I hereby acknowledge that I have read and understood the Employee Manual.

Freeman White Jr.

Print Name

[Handwritten Signature]

Signature

Dated this 2nd day of June, 2022



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
OATH OF CONFIDENTIALITY**

As a person working at Nishnawbe-Aski Legal Services Corporation ("NALSC") you are privy to confidential material. Confidentiality of client and NALSC information is essential. While at NALSC, you shall not disclose to any member of the public any confidential information obtained during his/her position with NALSC.

All NALSC files are to be treated as confidential material and may not be disclosed except in accordance with the provisions of NALSC's policies and Service Agreements. No one is to read files except in so far as the position requires it. Files are not to be discussed at any time with anyone within NALSC, except for NALSC related business.

Confidentiality also applies to information about financial and personnel matters or any other confidential information that is attained during your position with NALSC. We are entrusted with the confidential records of clients and of personnel throughout the Corporation and are always expected to comply with NALSC's Oath of Confidentiality Agreement.

EMPLOYEE STATEMENT OF NON-DISCLOSURE

I have read and understand this statement. I agree to abide by NALSC's Oath of Confidentiality Agreement as a condition of my position at Nishnawbe-Aski Legal Services Corporation. Unauthorized disclosure of any confidential material may result in my immediate discharge from my position and may result in further legal action.

I acknowledge that I am bound by the terms of this agreement and further, that these confidentiality requirements continue after my position with NALSC has ceased.

Freeman White Jr
SIGNATURE

June 2/2022
DATE

Freeman White Jr
PRINT FULL NAME

SIGNATURE OF WITNESS

DATE

PRINT FULL NAME OF WITNESS



**NISHNAWBE - ASKI
Legal Services Corporation**

Employee Information

1. Personal Information

Full Given Name: White Freeman T
Last First M Initial

Address: 920 HWY 17 E
Street Address Box #

Kemora ON P9N 1L9
City/Town Province Postal Code

Home Phone: (431) 999 1727 Alternate Phone: ()

Primary Email: fwhitejr@outlook.com DOB 07 / 07 / 1988
M/D/Y

SSN #: 531 531 283 Status # 1580036102

2. Job Information

Title: Discharge Driver Employee ID: _____

Supervisor: _____ Department: _____

Work Location: Kemora Work Email: fwhite@nanlegal.on.ca

Work Phone: () Cell Phone: ()

Start Date: June 2, 2022 Benefits _____ Pension: Y/N _____

Term Date: _____ Salary: \$ _____

3. Emergency Contact Information

Full Name: White Elaine P
Last First M Initial

Address: 920 HWY 17 E
Street Address Box #

Kemora ON P9N 1L9
City/Town Province Postal Code

Primary Phone: (807) 407 3930 Alternate Phone: ()

Relationship: mother



Account Information

Set up your direct deposits and pre-authorized payments easily and conveniently.

Print, sign and submit this form as follows:

Direct Deposit: receive your payroll or other deposits into your account. Complete and submit this form to your employer or the company depositing the payment into your account.

Pre-authorized Payment: automatically pay your bills from your account. Complete and submit this form to your billing company to allow them to take the payment from your account.

Your Information

Name: FREEMAN WHITE
 Address: 920 HIGHWAY 17 E
 KENORA ON
 P9N 1L9

Direct Deposit Information

Transit: 00088
 Institution Number: 010
 Account Number: 7711387

Void Cheque

FREEMAN WHITE
 920 HIGHWAY 17 E
 KENORA ON
 P9N 1L9

PAY TO THE ORDER OF _____ DATE _____

00088 010 7711387

CIBC

Signature: *Freeman White*

Date: June 3/2022

Colette Shwetz

From: Freeman White
Sent: June 3, 2022 11:40 AM
To: Colette Shwetz
Subject: Re: Missing Documents
Attachments: NISHNAWBE - ASKI.pdf; 6222, 426 PM.pdf; somme de.pdf; image001.jpg

Good morning,

Here are the documents you requested. I don't have a SIN card but I'll include it in this email.

It is # 531-531-283

I've also attached the receipt to show that I paid for the crim check.

Regards,

Freeman White Jr.

On Jun 3, 2022, at 6:41 AM, Colette Shwetz <cshwetz@nanlegal.on.ca> wrote:

Hi Freeman,
Please forward the following documents by end of day today:

- Employee info form
- Banking information
- Copy of SIN card

The above is required to set up your account in payroll.

Thanks,

Colette Shwetz
HR Manager

Nishnawbe-Aski Legal Services Corporation

1805 Arthur St. E,
Thunder Bay, ON
P7E 5E6

Phone: 1-807-622-1413 Ext 7714

Cell: 807-633-8158