



# NISHNAWBE - ASKI Legal Services Corporation

## Employee Information

### 1. Personal Information

Full Given Name: Bourgon LISA L  
Last First M Initial.

Address: 176 Belanger A  
Street Address Box #

Timmins ON P4W 2Y7  
City/Town Province Postal Code

Home Phone: (705) 274-9981 Alternate Phone: ( )

Primary Email: lisabourgon@outlook.com DOB 11 / 17 / 1980  
M/D/Y

SSN #: 519 831 697 Status #

### 2. Job Information

Title: Bill Bed Worker Employee ID: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Work Location: \_\_\_\_\_ Work Email: lbourgon@nanlegal.on.ca

Work Phone: ( ) Cell Phone: ( )

Start Date: Oct 11, 2022 Benefits \_\_\_\_\_ Pension: Y / N \_\_\_\_\_

Term Date: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

### 3. Emergency Contact Information

Full Name: Desrochers Guy \_\_\_\_\_  
Last First M Initial.

Address: 155 KellyAnn Drive 1  
Street Address Box #

Timmins ON \_\_\_\_\_  
City/Town Province Postal Code

Primary Phone: (705) 262-8135 Alternate Phone: ( )

Relationship: Partner

Hailey St Jean - Daughter - 705-262-9320

# Ontario



## Ministry of Health

## Ministère de la Santé

**Name/Nom:** Lisa Bourgon

**Health Card Number/Numéro de la carte Santé:**

**Date of Birth/Date de naissance:** 1980-11-17

**Date/Date:** 2021-05-12, 3:15 p.m.

**Agent/Agent:** COVID-19\_mRNA

**Product Name/Nom du produit:** MODERNA COVID-19 mRNA-1273

**Diluent Product:** Not Applicable / Ne s'applique pas

**Lot/Lot:** 3001658

**Dosage/Dosage:** 0.5ml

**Route/Voie:** Intramuscular / intramusculaire

**Site/Site:** Left deltoid / deltoïde gauche

**You have received 2 valid dose(s) / Vous avez reçu 2 dose(s) valide(s)**

**Vaccine Administered By/Vaccin Administré par:** ASHLEY-LORAN M, Registered Nurse

**Authorized Organization/Organisme agréé:** Porcupine Health Unit

**Note:** Only valid doses are counted / Remarque: Seules les doses valides sont comptées

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Please remain on the premises for the next 15 minutes for observation. You are free to leave the vaccination clinic at: 3:30 PM / Veuillez rester sur place pendant les 15 prochaines minutes aux fins d'observation. Vous pouvez quitter la séance de vaccination à: 3:30 PM.




 **LISA BOURGON**  
Oct 8, 2022

October 8, 2022

To: Whom it may concern

Re: Void Cheque

Please accept this copy of a void cheque as confirmation of LISA BOURGON's bank account information for the purposes of pre-authorized debit or credit.

	<b>LISA BOURGON</b>	Date: <u>2022 10 08</u> YYYY MM DD
A 176 BELANGER STREET TIMMINS, ON P4N2V7	<b>VOID</b>	\$ <input type="text"/>
<b>Transit Number:</b> 05112	<b>Institution Number:</b> 003	<b>Account Number:</b> 5135819





Ontario

Driver's Licence  
Permis de conduire

ON  
CANADA



1,2 NAME/ NOM

BOURGON,  
LISA, LINA ROSE MARIE

8 253 KENT AVE

TIMMINS, ON, P4N 3C2

4d NUMBER/  
NUMERO

B6820 - 47668 - 06117

4a ISS/ DÉL.

2020/08/10

4b EXP/ EXP.

2024/10/31

5 DD/ RÉF.

GT4755031

16 HGT/ HAUT.

170 cm

15 SEX/ SEXE

F

9 CLASS/  
CATÉG.

G

12 REST./  
COND.

X

B6820-47668-06117

1980/11/17

Lisa Bourgon



Lisa Bourgon

3 DOB/ODN 1980/11/17

1-800-387-7293





## 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.

Lisa Bourgo  
SIGNATURE

Oct 11, 2022  
DATE

LISA BOURGON  
PRINT FULL NAME

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT FULL NAME OF WITNESS

**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.\*\***

LISA BOURGON

Print Name

Lisa Bourgon

Signature

Dated this 11<sup>th</sup> day of October, 2022





# 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 <b>BOURGON</b>	First name and initial(s) <b>LISA L</b>	Date of birth (YYYY/MM/DD) <b>1980/11/17</b>	Employee number
Address <b>176 Belanger Timmins ON</b>	Postal code <b>P1Y1W2V17</b>	For non-residents only Country of permanent residence	Social insurance number <b>5119831697</b>

**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.

**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 dependant 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.



**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

*Lisa Bourgeois*

*Oct 11, 2022*

Date

**2021-12-04**

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 <b>BOURGOIN</b>	First name and initial(s) <b>LISA L</b>	Date of birth (YYYY/MM/DD) <b>1980/11/17</b>	Employee number
Address <b>1716 Belanger Timmins ON</b>		Postal code <b>P4Y 1K2</b>	For non-residents only Country of permanent residence <b>USA</b>
			Social insurance number <b>5119 231 6197</b>

<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>	<b>11,141</b>
<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 \$1,541, 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 dependant 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.

**Forms and publications**

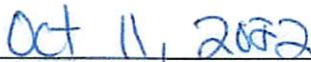
To get our forms and publications, go to [canada.ca/cra-forms-publications](https://canada.ca/cra-forms-publications) or call 1-800-959-5525.

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](https://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.



# Nishnawbe-Aski Legal Services Corporation

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L'NCLP'Δᐱ

October 6, 2022

Lisa Bourgon  
Timmins, ON  
lisabourgon@outlook.com

Dear Lisa:

**Re: Employment Agreement – Part-Time Bail Bed Worker – Timmins, ON**

On behalf of Nishnawbe-Aski Legal Services Corporation ("NALSC"), I am pleased to offer you employment as a **Part-Time Bail Bed Worker** 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.

Lisa, 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 -

**Lisa Bourgon**

**(Term Contract as stated below)**

## **1. Employment**

You will hold the position of **Bail Bed Worker**, operating out of **Timmins** 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.

## **2. Term**

You will commence employment on **October 11, 2022**. Your employment term will end **March 31, 2023**, subject to the termination provisions contained herein. This position is based on the annual approved funding for the **Bail Bed 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 and Benefits**

You will receive the following compensation and benefits:

- (a) **Salary**. You will be paid **\$27.47** hourly. Our payroll is administered biweekly.



## **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 Part-Time shift work position, Saturday to Sunday. The shifts consist of 8 am – 4 pm, 4 pm to 12 pm, and 12 am – 8 am, with one (1) hour unpaid lunch break. You may also be required to work weekend shifts 7 am – 7 pm, and 7 pm – 7 am with one (1) hour unpaid lunch break and one thirty (30) minute paid supper break. Your schedule will be determined in consultation with the program manager.

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. 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.

## **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.

## **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.

Lisa, 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.

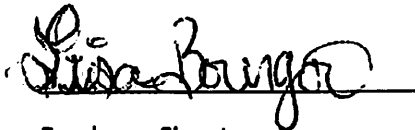
Yours truly,



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