

NEW EMPLOYEE DETAIL FORM

Personal Information:					
First Name: Wayne		Last Name:	Last Name: Wesley		
Date of Birth (YYYY/MM/DD): 1997/09/04					
Phone #: 705-987-60)61	 Alt. #: _705-	-362-4016		
Email (Personal): way	newesley@hotmail.com				
Home Address:					
12-409 Prince St	Hearst	ON	POL 1NO		
# Street	City	Province	Postal Code		
Mailing Address (if dit		ONI	DOL 4NO		
	Hearst	ON	POL 1NO		
P.O Box	City	Pronvice	Postal Code		
Employment Informat					
Start Date: July 9, 20)23	Employee #:			
Employment Type: Permanent Contract		Employment Status:	Full Time Part Time		
End Date: _			Casual		
Position: Communit	ty Safety Justice Liaiso	on Worker	Salary: 54,113		
Manager: Chantelle	Johnson		—— Pay Band: 6 Grid: 0		
Banking & Payroll Info	ormation:				
Name of Bank: CIBC		(ECENTRICS) 25 C. C. HOLLOW S.			
Account #: 8486883					
Transit #: 00692					
Institution #: 010					
SIN #: 474-963-19	 96				
Tax Exemption:					
Declaration Form Attach Yes No - Fed/Pro	ned? Band Membership #: 18 ov Tax Forms Attached	320095301			
Pension and Benefits:					
Pension Eligibility Date:	October 10, 2023	Additional to the second secon			
Benefit Eligibility Date:	October 10, 2023				
Finance Only:					
Date Received: Entered into Adagio Systems by:					



Employee Information

1. Personal I	nformation
Full Given Name:	Wesley Wagne W Last First Minitial.
Address:	12- 409 Prince St Street Address Box #
	Hearst ON POLINO City/Town Province Postal Code
Home Phone:	(105) 987-6061 Alternate Phone: (705) 362-40/6
Primary Email:	wayne wesley a hotmail com M/DN 09/04/1977
SSN#:	474963196 Status # 1820095301
2. Job Inform	
Title: Communi	ity Safety Justice LW Employee ID:
Supervisor:	Department:
Work Location:	Constance Lake Fin Work Email: wwesley @ nanlegal. on.ca
Work Phone:	(
Start Date:	July 9, 2023 Benefits Pension: Y / N
Term Date:	Salary: \$
3. Emergency	y Contact Information
Full Name:	Pauline Wesley Pauline First M. Initial.
Address:	12-409 Prince St Street Address Box #
	Hearst ON Pou INO City/Town Province Postal Code
Primary Phone:	(705)987-606/ Alternate Phone: (705)362-4016



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

SIGNATURE

Days e westey
PRINT FULL NAME

SIGNATURE OF WITNESS

Lori lee hissard
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.**

Print Name

Signature

Dated this 12 day of July 2023

^{**}I hereby acknowledge that I have read and understood the Employee Manual.**





SOCIAL CANADA NUMERO
INSURANCE
NUMBER
SOCIALE
SOCIALE

174 963 196

NATANE WARREN WESLEY



NAME-BASED CANADIAN CRIMINAL RECORD CHECK

APPLICANT INFORMATION

Date of Application:

Jul 04, 2023

Name:

WAYNE WARREN WESLEY

Date of Birth:

Sep 04, 1977

Address:

12 409 Prince Street Hearst ON Canada P0L1N0

Type of ID:

DRIVING_LICENSE

CRIMINAL RECORD CHECK RESULT

NEGATIVE

Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records did not identify any records with the name(s) and date of birth of the applicant. Positive identification that a criminal record does or does not exist at the RCMP National Repository of Criminal Records can only be confirmed by fingerprint comparison. Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offenses are reported to the RCMP National Repository of Criminal Records.

ISSUING AGENCY INFORMATION

issued by:

New Glasgow Regional Police

Date Issued:

Jul 04, 2023

Serial Number:

6

Officer ID:

d10651cf





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:

WAYNE WESLEY

Address:

409 PRINCE STREET APT 12

HEARST ON POL 1NO

Direct Deposit Information

Transit:

00692

Institution Number:

010

Account Number:

8486883

Void Cheque

	WAYNE WESLEY 409 PRINCE STREET APT 12 HEARST ON POL 1N0	O DATE	
	PAY TO THE ORDER OF 10	\$	
	00692 010 8486883	CIBC	
Signature:		Date:	July 4,2023

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)	(1)	ame and initials n &		Social insurance number 4 7 4 9 6 3 1 9 6
Residential address including postal code 12-409 Prince St.	P.O.Box 22	5 Hearston	POL	INO
Is the employee's residence located on a res	serve?	,	Yes	No 🔀
Indian status			A North St. S. W. S.	
Is the employee an Indian as defined in the	Indian Act?		Yes 🔀	No 🗌
If yes, was the employee an Indian as defin	ed in the Indian Act:			
prior to 2011?				
because of Bill C-3 (also known as the after January 31, 2011, may be exempted.)		Registration Act)? Only incom	ne earned	on or
because of the creation of the Qalipu I exempt from tax.	Mi'kmaq First Nation Bar	d? Only income earned on or	after Sept	ember 22, 2011, may be
Type of exemption *1			ALCON METALOGRAPHICAL MARKET M	
The employee performs employment duties 1. entirely on a reserve	entirely off a reserve ne employment duties the employment duties the sexempt from income target of the employment duties on a reserve (guideline of the employment duties connected to the employment duties connected to the employment, reside on reserves a partipular to a tribal council representation or more such bands welopment of Indians when Act Exemption for Employions, go to canada.ca/en/r	ies on a reserve (guideline 1); 22); Ities on a reserve, and the em oyer's non-commercial activition of the employer resides on a reserve ing one or more Indian bands or tribal councils and is dedical or, for the most part, reside on ment Income Guidelines. For a fur evenue-agency/services/aborigital	ployee or es carried reserve; a that have ted exclusives (Il descriptional-people rve and the	moplies. Check the the employer resides on a on exclusively for the nd the employer is: reserves; or sively to the social, guideline 4). n of the Guidelines including si/indian-act-exemption
Employee certification ———				
I certify that the information given on this f	orm is correct and comp	lete.		
Signature		Date	Jul	4 12/2023
Personal information (including the SIN) is collected for	the purposes of the administra	ion or enforcement of the Income Tax	Act and rela	ated programs and activities including

administering tax, benefits, audit, compliance, and collected of the purposes of the administration of 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.



2023 Ontario **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 num	ber
Wester	Wayne W	1977 /09/04		
Address	Postal code	For non-residents only		Social insurance number
12-409 Prince St, Hearst, ON	PIOLIM	Country of permanent resider		471496131196
Basic personal amount – Every person employed i If you will have more than one employer or payer at the	n Ontario and every pensio	ner residing in Ontario can claim	this amount.	14 005
on page 2.	same time in 2025, see iv	nore than one employer or payer	at the same time	11,865
2. Age amount - If you will be 65 or older on December	er 31, 2023, and your net in	come will be \$43,127 or less, en	ter \$5,793. You	may
enter a partial amount if your net income for the year w line 2 section of Form TD10N-WS, Worksheet for the 2	ill be between \$43,127 and 2023 Ontario Personal Tax	\$81,747. To calculate a partial a Credits Return	amount, fill out th	е
3. Pension income amount – If you will receive regula			ing Canada Pen	sion
Plan, Quebec Pension Plan, Old Age Security, or Guar	anteed Income Supplemen	t payments), enter whichever is	less: \$1,641 or	31011
your estimated annual pension.				
4. Disability amount – If you will claim the disability an Tax Credit Certificate, enter \$9,586.	nount on your income tax a	nd benefit return by using Form	T2201, Disability	
5. Spouse or common-law partner amount – Enter \$ the following conditions apply:	10,075 if you are supportin	g your spouse or common-law p	artner and both	of
Your spouse or common-law partner lives with you				
Your spouse or common-law partner's net income	for the year will be \$1,007 of	or less		
You may enter a partial amount if your spouse's or com To calculate a partial amount, fill out the line 5 section of	mon-law partner's net inco of Form TD1ON-WS.	me for the year will be between	\$1,007 and \$11,0	082.
6. Amount for an eligible dependant – Enter \$10,075 conditions apply:	if you are supporting an el	igible dependant and all of the fo	llowing	
You do not have a spouse or common-law partner who you are not supporting or being supported by	or you have a spouse or o	common-law partner who does n	ot live with you a	nd
The dependant is related to you and lives with you				
The dependant's net income for the year will be \$1	,007 or less			
You may enter a partial amount if the eligible dependar partial amount, fill out the line 6 section of Form TD10N	it's net income for the year I-WS.	will be between \$1,007 and \$11,	082. To calculate	e a
7. Ontario caregiver amount – You may claim this am your or your spouse's or common-law partner's:	ount if you are supporting a	an eligible infirm dependant aged	18 or older who	is
child or grandchild				
parent, grandparent, brother, sister, aunt, uncle, nie	ece or nephew who is resid	ent in Canada		
To calculate this amount, fill out the line 7 section of Fo	rm TD10N-WS.			
8. Amounts transferred from your spouse or commage amount, pension income amount, or disability amo	on-law partner – If your sp unt on their income tax and	ouse or common-law partner wil benefit return, enter the unused	I not use all of th amount.	eir
9. Amounts transferred from a dependant – If your d benefit return, enter the unused amount.	ependant will not use all of	their disability amount on their in	ncome tax and	
10. TOTAL CLAIM AMOUNT – Add lines 1 to 9.				
Your employer or payer will use this amount to determin	ne the amount of your provi	incial tax deductions.		14865
L				



Filling out Form TD10N

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 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 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 TD10N for 2023, 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 TD10N, check this box, enter "0" on line 10 and do not fill in lines 2 to 9.

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 10. 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 TD.

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 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	2023-07-04

2023 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 nun	nber
Wester	wayne w	For non-residents only		0
Address	Postal code	Country of permanent resider	nce	Social insurance number
12-409 Prince St, Hearst, OL) P1014/1MC			4714963196
1. Basic personal amount – Every resident of Canad from all sources will be greater than \$165,430 and you return at the end of the tax year. If your income from a partial claim. To do so, fill in the appropriate section of the calculated amount here.	i enter \$15,000, you may ha Il sources will be greater tha	ave an amount owing on your inc an \$165,430, you have the option	come tax and be n to calculate a	enefit
Canada caregiver amount for infirm children und 2006 or later who lives with both parents throughout the parent who has the right to claim the "Amount for an ethe child.	ne year. If the child does not	t live with both parents throughou	ut the year, the	
3. Age amount – If you will be 65 or older on Decembor less, enter \$8,396. You may enter a partial amount calculate a partial amount, fill out the line 3 section of	if your net income for the ye			335
 Pension income amount – If you will receive regul Pension Plan, Quebec Pension Plan, old age security, \$2,000 or your estimated annual pension income. 				
5. Tuition (full-time and part-time) – Fill in this section certified by Employment and Social Development Can total tuition fees that you will pay if you are a full-time of	ada, and you will pay more			
6. Disability amount – If you will claim the disability a Tax Credit Certificate, enter \$9,428.	mount on your income tax a	and benefit return by using Form	T2201, Disabili	ty
7. Spouse or common-law partner amount – Enter or common-law partner is infirm) and your spouse's of following conditions apply: • You are supporting your spouse or common-law partners.	r common-law partner's est			se
 Your spouse or common-law partner's net income spouse or common-law partner is infirm) 	for the year will be less tha	an the amount on line 1 (line 1 plu	us \$2,499 if you	r
In all cases, go to line 9 if your spouse or common-law				
Amount for an eligible dependant – Enter the diff dependant is infirm) and your eligible dependant's est	timated net income for the y	year if all of the following condition	ons apply:	
 You do not have a spouse or common-law partne who you are not supporting or being supported by 		common-law partner who does r	not live with you	and
 You are supporting the dependant who is related 	•			
 The dependant's net income for the year will be le you cannot claim the Canada caregiver amount 				and
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 \$26,	782 or less.	
 Canada caregiver amount for eligible dependant year, you support an infirm eligible dependant (aged the year will be \$26,782 or less. To calculate the amount 	18 or older) or an infirm sp unt you may enter here, fill o	ouse or common-law partner wh out the line 9 section of Form TD	ose net income 1-WS.	for
10. Canada caregiver amount for dependant(s) age 18 or older (other than the spouse or common-law paclaimed an amount for if their net income were under 3 you may enter a partial amount if their net income for out the line 10 section of Form TD1-WS. This workshe with another caregiver who supports the same dependent	artner or eligible dependant \$17,499) whose net income the year will be between \$1 eet may also be used to calo	you claimed an amount for on lin for the year will be \$18,783 or le l8,783 and \$26,782. To calculate culate your part of the amount if y	ne 9 or could ha ess, enter \$7,99 e a partial amou you are sharing	ve 9. nt, fill it
or older. 11. Amounts transferred from your spouse or com their age amount, pension income amount, tuition amounused amount.	mon-law partner – If your ount, or disability amount or	spouse or common-law partner vn their income tax and benefit ret	will not use all o urn, enter the	f
12. Amounts transferred from a dependant – If you benefit return, enter the unused amount. If your or you all of their tuition amount on their income tax and benefits	ir spouse's or common-law	partner's dependent child or gran		
13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to determ	ine the amount of your tax	deductions.		15000
				WWW



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 benefit 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.	its,			
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 a you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on arthis box, enter "0" on Line 13 and do not fill in Lines 2 to 12.	nother Form TD1 for 2023, nother Form TD1, check			
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 will not deduct tax from your earnings.	3. Your employer or payer			
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 202 Yes (Fill out the previous page.)	3?			
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 \$15,000. Use the Form TD1 territory of employment if you are an employee. Use the Form TD1 for your province or territory of residence if you are a pensione will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deduction	Your employer or naver			
Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you personal amount only. Note: You may be able to claim the child amount on Form TD1SK, 2023 Saskatchewan Personal Tax Credits Return if you are	a Saskatchewan resident			
supporting children under 18 at any time during 2023. Therefore, you may want to fill out Form TD1SK even if you are only clair amount on this form.	ming the basic personal			
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 norther months in a row beginning or ending in 2023:	n zone for more than six			
 \$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 o periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, an amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at 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 NRSP contributions from your salary.	d tuition and education			
Forms and publications				
To get our forms and publications, go to <u>canada.ca/cra-forms-publications</u> 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 to Info Source at canada.ca/cra-info-source.				
Certification				
I certify that the information given on this form is correct and complete.				
Signature Date	2023-07-04			