



**Nishnawbe-Aski Legal
Services Corporation**

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NEW EMPLOYEE DETAIL FORM

Personal Information:				
First Name: <u>Melissa</u>		Last Name: <u>Carpenter</u>		
Date of Birth (YYYY/MM/DD): <u>1982/09/12</u>				
Phone #: <u>705-288-5077</u>		Alt. #: _____		
Email (Personal): <u>mel.carpen@gmail.com</u>				
Home Address:				
<u>727 Maclean Dr</u>	<u>Timmins</u>	<u>ON</u>	<u>P4N 7W6</u>	
#	Street	City	Province	Postal Code
Mailing Address (if different):				
<u> </u>	<u> </u>	<u> </u>	<u> </u>	
P.O Box	City	Province	Postal Code	
Employment Information:				
Start Date: <u>February 26, 2024</u>		Employee #: _____		
Employment Type:		Employment Status:		BUDGET CODE: <u>VWL - 8033</u>
<input checked="" type="checkbox"/> Permanent		<input checked="" type="checkbox"/> Full Time		
<input type="checkbox"/> Contract		<input type="checkbox"/> Part Time		
End Date: _____		<input type="checkbox"/> Casual		Salary: <u>47286</u>
Position: <u>Victim Witness Liaison Worker</u>		Pay Band: <u>5</u>		Grid: <u>0</u>
Manager: <u>Alana Odawa</u>				
Banking & Payroll Information:				
Name of Bank: <u>Scotiabank</u>				
Account #: <u>7950780</u>				
Transit #: <u>53199</u>				
Institution #: <u>002</u>				
SIN #: <u>517 700 787</u>				
Tax Exemption:				
Declaration Form Attached?				
<input checked="" type="checkbox"/> Yes		Band Membership #: <u>143206201</u>		
<input type="checkbox"/> No - Fed/Prov Tax Forms Attached				
Pension and Benefits:				
Pension Eligibility Date: <u>May 26, 2024</u>				
Benefit Eligibility Date: <u>February 26, 2024</u>				
Finance Only:				
Date Received: _____		Entered into Adagio Systems by: _____		



NISHNAWBE - ASKI Legal Services Corporation

Employee Information

1. Personal Information

Full Given Name:	Carpenter, Melissa		
	<i>Last</i>	<i>First</i>	<i>M Initial.</i>
Address:	727 Maclean Drive		
	<i>Street Address</i>		<i>Box #</i>
	Timmins	ON	P4N7W6
	<i>City/Town</i>	<i>Province</i>	<i>Postal Code</i>
Home Phone:	(705) 288-5077	Alternate Phone:	()
Primary Email:	Mel.carpenter@gmail.com	DOB	09 / 12 / 1982
		<i>M/D/Y</i>	
SSN # :	517 700 787	Status #	1430206201

2. Job Information

Title:	Victim Witness Liaison	Employee ID:	
Supervisor:	Alana Odawa	Department:	Victim Witness
Work Location:	Timmins	Work Email:	Mcarpenter@nanlegal.on.ca
Work Phone:	()	Cell Phone:	()
Start Date:	February 26, 2024	Benefits	Pension: Y / N
Term Date:		Salary:	\$47200

3. Emergency Contact Information

Full Name:	Carpenter, Leonard		
	<i>Last</i>	<i>First</i>	<i>M Initial.</i>
Address:	Cedar south		
	<i>Street Address</i>		<i>Box #</i>
	Timmins	ON	
	<i>City/Town</i>	<i>Province</i>	<i>Postal Code</i>
Primary Phone:	(705) 288-9355	Alternate Phone:	()
Relationship:	Brother		



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.

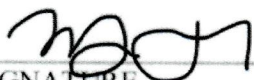
All NALSC files are to be treated as confidential material and may not be disclosed except in accordance with the provisions of NALSC’s policies and Service Agreements. No one is to read files except in so far as the position requires it. Files are not to be discussed at any time with anyone within NALSC,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


SIGNATURE

February 26, 2024.
DATE

Melissa Carpenter
PRINT FULL NAME

SIGNATURE OF WITNESS

DATE

PRINT FULL NAME OF WITNESS

Please complete and submit this form to your employer to have your paycheque automatically deposited into your Scotiabank account.

To:

(INSERT NAME OF YOUR EMPLOYER)

Please accept these instructions to automatically deposit my paycheque into my bank account as outlined below:

Employee Information

<small>EMPLOYEE NAME</small> MISS MELISSA J CARPENTER		<small>TEL. NO.</small> (705) 288-5077
<small>ADDRESS</small> 727 MACLEAN DR		
<small>CITY</small> TIMMINS	<small>PROVINCE</small> ON	<small>POSTAL CODE</small> P4N7W6
<small>EMPLOYEE NUMBER (IF APPLICABLE)</small>	<small>DEPARTMENT (IF APPLICABLE)</small>	

Employee Bank Account Information

<small>INSTITUTION</small>	<small>NUMBER</small>	<small>12 DIGIT ACCOUNT NUMBER</small>	
THE BANK OF NOVA SCOTIA	002	53199	7950780
Company Processing Instructions		Enter as TRANSIT No.	Enter as ACCOUNT No.
<small>BRANCH ADDRESS</small>			

I am advising the Company to change my payroll direct deposit as indicated above. I understand that Scotiabank is not responsible for verifying these payments to my account. I will notify the Company promptly in writing if I close or make other changes to my account.

Authorized by:

MJC

SIGNATURE

2024-FEB-26

DATE

Please forward the completed request to the appropriate department in your company. Some employers may also ask you to attach a voided cheque. You may wish to keep a copy of the completed form for your records.



Driver's Licence
Permis de conduire

ON
CANADA



1,2 NAME/NOM
CARPENTER,
MELISSA.J.M

8 727 MACLEAN DR
TIMMINS, ON, P4N 7W6

4d NUMBER/
NUMÉRO **C0653 - 53758 - 25912**

4a ISS/DÉL. 2021/11/04 4b EXP/EXP. 2026/09/12

5 DD/RÉF HD6788487 16 HGT/HAUT. 176 cm

15 SEX/SEXE F

9 CLASS/
CATÉG. G

12 REST/
COND. X

3 DOB/ODN 1982/09/12



Indian and Northern Affairs Canada
Affaires indiennes et du Nord Canada

CERTIFICATE OF INDIAN STATUS
CERTIFICAT DE STATUT INDIEN



Registration no./Numéro d'inscription
1430206201

Family Name/Nom de famille
CARPENTER

Given Names/Prenoms
MELISSA JANET MARIE

Alias/Nom d'emprunt
MISSY

Date of Birth/Date de naissance Sex/Sexe
1982/09/12 F

Date of Issue/Date de délivrance
2016/10/26

Renew Before/Renouveler avant
2026/09/12

Registry Group no. and Name/No du groupe de registre et nom
143 - ATTAWAPISKAT

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msl Cla