

**Nishnawbe-Aski Legal Services  
Corporation**

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March 15, 2024

Charlene Foster  
264 Elm St South  
Timmins, ON  
P4N 1X4

**Re: Employment Agreement – Gladue Caseworker**

**Dear Charlene:**

**Mailing Address:**

101 Syndicate Ave N  
Thunder Bay, Ontario  
P7C 3V4

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

Email  
info@nanlegal.on.ca

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



**Head Office:**

1388 Mission Road  
Fort William First  
Nation  
Ontario P7J1K7

On behalf of Nishnawbe-Aski Legal Services Corporation ("NALSC"), I am pleased to offer you employment as a Full-Time Gladue Caseworker 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.

Charlene, 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  
Director of Human Resources

# EMPLOYMENT AGREEMENT

BETWEEN:

NISHNAWBE-ASKI LEGAL SERVICES CORPORATION  
hereinafter called "NALSC"

- and -

Charlene Foster

## 1. Employment

You will hold the position of **Gladue Caseworker**, 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. 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 in your new position on **April 8, 2024**, and this Agreement will continue for an indefinite duration, subject to the termination provisions contained herein. This position is based on the approved funding for the **Gladue 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 **\$47,286** annually. Our payroll is administered biweekly. Your position "**Gladue Caseworker**" has been placed in pay band (5) and your grid position is (0).

**(B) Benefits.** You will be entitled to participate in the benefit plan offered by NALSC to its employees during the term of this Agreement. The benefit plan is available to you following the completion of your probationary period, described above. NALSC reserves the right to vary the benefit plan at any time at its sole discretion.

**(C) Pension.** You will be entitled to participate in the pension plan offered by NALSC to its employees during the term of this Agreement. The pension plan is available to you following the completion of your

probationary period, described above. NALSC reserves the right to vary the pension plan at any time at its sole discretion.

You agree and acknowledge that all benefit coverage and enrolment in NALSC's pension plan shall cease upon the last day of employment in the event of your resignation or your termination for just cause, or, if you are terminated without cause, shall cease at the end of the notice period outlined in section eight (8) below or as prescribed by section 57 of the ESA.

#### **5. Vacation**

You will be entitled to schedule **3 weeks'** paid vacation on your annual hire date. Vacation entitlement is earned at **1.25 vacation days per month**. For your first year of employment, your vacation must be earned prior taking vacation days. Please note that vacation entitlement is per your annual hire date, with entitlement increases in accordance with NALSC HR Policies. Although every effort will be made to provide you with vacation time requested, you acknowledge that there may be times when certain vacation time is denied due to the specific needs of NALSC's business. Vacation requests must be made in writing to program manager at least one (1) month prior to the requested vacation period. Should the foregoing amount be less than the minimum entitlement to vacation required in the ESA, then the minimum amount required by that statute shall apply.

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**

Your regular hours of work are from **9am to 5pm**, with a one (1) hour unpaid lunch break, for a total of thirty-five (35) hours per week but may be changed based on NALSC's needs. Your hours of work will be determined in consultation with your program manager. You may also be required to work evenings, Saturdays, and Sundays.

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 pursuant to the Employment Standards Act, 2000 ("ESA"), this Agreement will terminate immediately, and you shall only receive your minimum entitlements pursuant to the ESA.

(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**

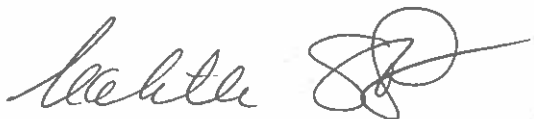
You acknowledge that you have had ample opportunity to obtain independent legal advice in connection with the negotiation and ultimate execution of this Agreement. If you did not obtain independent legal advice, it is because you understood this Agreement, and did not feel that you needed legal advice. 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.

Charlene, congratulations on your new position. I hope you find your new position challenging and rewarding and look forward to a mutually successful future together.

Yours truly,



Colette Shwetz  
Director of Human Resources

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



**NISHNAWBE - ASKI  
Legal Services Corporation**

**Employee Information**

**1. Personal Information**

Full Given Name: Forster Charlene F  
*Last First M Initial.*

Address: 264 Elm St South.  
*Street Address Box #*

Timmins ON P4N1  
*City/Town Province Postal Code*

Home Phone: (905) 325-0299 Alternate Phone: ( )

Primary Email: charleneforster@msn.com DOB 06 / 27 / 1979  
*M/D/Y*

SSN #: 509968723 Status # N/A

**2. Job Information**

Title: Gladue Caseworker Employee ID: \_\_\_\_\_

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

Work Location: \_\_\_\_\_ Work Email: \_\_\_\_\_

Work Phone: ( ) Cell Phone: ( )

Start Date: April 8, 2024 Benefits \_\_\_\_\_ Pension: Y / N \_\_\_\_\_

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

**3. Emergency Contact Information**

Full Name: Stilges Suzanne L  
*Last First M Initial.*

Address: 213 Ontario St.  
*Street Address Box #*

Thorold ON L2V1E3  
*City/Town Province Postal Code*

Primary Phone: (905) 680-5299 Alternate Phone: (289) 228-9432

Relationship: Mother

Updated April 12, 2019



### 2024 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>Forster</b>	First name and initial(s) <b>Charlene F</b>	Date of birth (YYYY/MM/DD) <b>1979/06/27</b>	Employee number
Address <b>264 Elm St South, Timmins On</b>	Postal code <b>P 4 N 1 X 2</b>	For non-residents only Country of permanent residence	Social insurance number <b>5 0 9 9 6 8 7 2 3</b>

**1. Basic personal amount** -- Every resident of Canada can enter a basic personal amount of \$15,705. However, if your net income from all sources will be greater than \$173,205 and you enter \$15,705, 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 \$173,205 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2024 Personal Tax Credits Return, and enter the calculated amount here.

**15,705**

**2. Canada caregiver amount for infirm children under age 18** -- Only one parent may claim \$2,616 for each infirm child born in 2007 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

**3. Age amount** -- If you will be 65 or older on December 31, 2024, and your net income for the year from all sources will be \$44,325 or less, enter \$8,790. You may enter a partial amount if your net income for the year will be between \$44,325 and \$102,925. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

**4. Pension income amount** -- If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter whichever is less: \$2,000 or your estimated annual pension income.

**5. Tuition (full-time and part-time)** -- Fill in this section if you are a student at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

**6. Disability amount** -- If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,872.

**7. Spouse or common-law partner amount** -- Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is infirm) and your spouse's or common-law partner's estimated net income for the year if two of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is infirm)

In all cases, go to line 9 if your spouse or common-law partner is infirm and has a net income for the year of \$28,041 or less.

**8. Amount for an eligible dependant** -- Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your eligible dependant is infirm) and your eligible dependant's estimated net income for the year if all of the following conditions apply:

- You do not have a spouse or common-law partner, or you have a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- You are supporting the dependant who is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your dependant is infirm and you cannot claim the Canada caregiver amount for infirm children under 18 years of age for this dependant)

In all cases, go to line 9 if your dependant is 18 years or older, infirm, and has a net income for the year of \$28,041 or less.

**9. Canada caregiver amount for eligible dependant or spouse or common-law partner** -- Fill out this section if, at any time in the year, you support an infirm eligible dependant (aged 18 or older) or an infirm spouse or common-law partner whose net income for the year will be \$28,041 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

**10. Canada caregiver amount for dependant(s) age 18 or older** -- If, at any time in the year, you support an infirm dependant age 18 or older (other than the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under \$15,705) whose net income for the year will be \$19,666 or less, enter \$8,375. You may enter a partial amount if their net income for the year will be between \$19,666 and \$28,041. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

**11. Amounts transferred from your spouse or common-law partner** -- If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

**12. Amounts transferred from a dependant** -- If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.

**13. TOTAL CLAIM AMOUNT** -- Add lines 1 to 12.  
Your employer or payer will use this amount to determine the amount of your tax deductions.

**15,705**



**Filling out Form TD1**

Fill out this form only if any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

**More than one employer or payer at the same time**

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2024, you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

**Total income is less than the total claim amount**

Tick this box if your total income for the year from all employers and payers will be less than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

**For non-resident only (Tick the box that applies to you.)**

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2024?

- Yes (Fill out the previous page.)
- No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

Call the international tax and non-resident enquiries line at 1-800-959-8281 if you are unsure of your residency status.

**Provincial or territorial personal tax credits return**

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$15,000. Use the Form TD1 for your province or territory of employment if you are an employee. Use the Form TD1 for your province or territory of residence if you are a pensioner. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount only.

Note: You may be able to claim the child amount on Form TD1SK, 2024 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2024. Therefore, you may want to fill out Form TD1SK even if you are only claiming the basic personal amount on this form.

**Deduction for living in a prescribed zone**

You may claim any of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed northern zone for more than six months in a row beginning or ending in 2024:

- \$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](http://canada.ca/taxes-northern-residents).

**Additional tax to be deducted**

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

\$

**Reduction in tax deductions**

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

**Forms and publications**

To get our forms and publications, go to [canada.ca/cra-forms-publications](http://canada.ca/cra-forms-publications) or call 1-800-959-5526.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, 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 Information about Programs and Information Holdings at [canada.ca/cra-information-about-programs](http://canada.ca/cra-information-about-programs).

**Certification**

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

Signature

Date

2024-04-08

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>Forster</b>	First name and initial(s) <b>Charlene</b>	Date of birth (YYYY/MM/DD) <b>1979-06-27</b>	Employee number
Address <b>264 Elm St South</b>		Postal code <b>P 4 N 1 X 2</b>	For non-residents only Country of permanent residence
			Social insurance number <b>5 0 9 9 6 8 7 2 3</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 2024, see "More than one employer or payer at the same time" on page 2.</p> <p><b>2. Age amount</b> – If you will be 65 or older on December 31, 2024, and your net income will be \$45,068 or less, enter \$6,054. You may enter a partial amount if your net income for the year will be between \$45,068 and \$85,428. To calculate a partial amount, fill out the line 2 section of Form TD1ON-WS, Worksheet for the 2024 Ontario Personal Tax Credits Return.</p> <p><b>3. Pension income amount</b> – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter whichever is less: \$1,714 or your estimated annual pension.</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 \$10,017.</p> <p><b>5. Spouse or common-law partner amount</b> – Enter \$10,528 if you are supporting your spouse or common-law partner and both of the following conditions apply:</p> <ul style="list-style-type: none"> <li>• Your spouse or common-law partner lives with you</li> <li>• Your spouse or common-law partner's net income for the year will be \$1,053 or less</li> </ul> <p>You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between \$1,053 and \$11,581. To calculate a partial amount, fill out the line 5 section of Form TD1ON-WS.</p> <p><b>6. Amount for an eligible dependent</b> – Enter \$10,528 if you are supporting an eligible dependant and all of the following conditions apply:</p> <ul style="list-style-type: none"> <li>• You do not have a spouse or common-law partner, or you have a spouse or common-law partner who does not live with you and who you are not supporting or being supported by</li> <li>• The dependant is related to you and lives with you</li> <li>• The dependant's net income for the year will be \$1,053 or less</li> </ul> <p>You may enter a partial amount if the eligible dependant's net income for the year will be between \$1,053 and \$11,581. To calculate a partial amount, fill out the line 6 section of Form TD1ON-WS.</p> <p><b>7. Ontario caregiver amount</b> – You may claim this amount if you are supporting an eligible infirm dependant aged 18 or older:</p> <ul style="list-style-type: none"> <li>• your child or your grandchild (or your spouse or common-law partner);</li> <li>• your parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada (or your spouse or common-law partner)</li> </ul> <p>To calculate this amount, fill out the line 7 section of Form TD1ON-WS.</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 disability amount 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>	<p><b>12,399</b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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**12,399**

**Filing 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 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 TD1ON for 2024, 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 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](https://canada.ca/cra-forms-publications) or call 1-800-959-5525.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, 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 Information about Programs and Information Holdings at [canada.ca/cra-information-about-programs](https://canada.ca/cra-information-about-programs).

**Certification**

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

Signature 

Date 2024-04-09

It is a serious offence to make a false return.

Ontario  
Driver's License  
Permis de conduire ON  
Canada



CHARLENE FORSTER  
213 ONTARIO ST  
THOROLD ON, L2V 1E3

ALBANY NUMBER F8663 - 12037 - 95627  
ISSUE DATE 2019/06/06 EXPIRES 2024/06/27  
SEX F HEIGHT 168 cm

CLASSIFICATION G

PERMITS 12037-00027  
19750027



Employment and  
Immigration Canada

Emploi et  
Immigration Canada

SOCIAL  
INSURANCE  
NUMBER

NUMÉRO  
D'ASSURANCE  
SOCIALE

509 968 723

CHARLENE FLORISTINE GIONET

SIGNATURE

*Charlene Floristine Gionet*



Void cheque / Spécimen de chèque



MRS CHARLENE FORSTER  
13 LONTARIO ST  
THOROLD ON L2V1E3  
*264 Elm St S  
Timmins, ON P4N 1K2*

DATE 2 0 Y Y M M - D D  
Y Y Y Y M M D D

PAY TO THE / PAYEZ À  
ORDER OF / L'ORDRE DE

**VOID / ANNULÉ**

100 DOLLARS

MEMO / POUR \_\_\_\_\_ MP

04142

001

3950095

Transit # / Numéro d'identification

Institution # / Numéro de l'institution

Account # / Numéro de compte



**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

**April 8, 2024**  
\_\_\_\_\_  
DATE

**Charlene Florestine Forster**  
\_\_\_\_\_  
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.\*\***

Charlene Forster

Print Name



Signature

Dated this 8<sup>th</sup> day of April, 2024



Timmins Police Service  
185 Spruce Street South  
Timmins, ON  
P4N 2M7

# Sales Receipt

Date	Confirmation No.
2024-04-05	12312477

Sold To
Charlene Florestine Forster

Card Holder Name

Description	Qty	Rate	Amount
Police Vulnerable Sector Check	1	\$40.00	\$40.00
Electronic ID Verification	1	\$7.95	\$7.95
		<b>Total</b>	<b>\$47.95</b>

Credit Card Number: 519123\*\*\*\*\*1115  
Payment Type/Card Type: MASTER\_CARD  
GST/HST No. 821604451RT0001



Inc #

# POLICE VULNERABLE SECTOR CHECK

Date of Request 2024/04/05
Confirmation Id 12312477

## Applicant Information

Mailing Address (name, street, city, province, postal code) Please print legibly under each heading

Last Name <b>Forster</b>		First Name <b>Charlene</b>		Middle Name <b>Florestine</b>	
Maiden Name or Other Last Names Used <b>Gionet</b>		Other First Names			
# and Street Name <b>264 Elm St South</b>		Apt/Unit #	Date of Birth yyyy/mm/dd <b>1979/06/27</b>	Place of Birth <b>Timmins, Canada</b>	Gender <b>Female</b>
City <b>Timmins</b>		Province <b>ON</b>		Postal Code <b>P4N1X2</b>	

Address History: please complete if resident address differs from mailing address in past 5 years Extra page needed?

# and Street name (please state below)	Apt/Unit #	City	Province	Postal Code	From-To
213 Ontario St.		Thorold	Ontario	L2V1E3	[2018/05]-[2023/10]

Description of employment/volunteer position		Self-Declaration (if applicable)	
Employment Reason (Volunteer, employment or other—if other, please specify)		Declaration of Criminal Record Attached <input type="checkbox"/>	

Identification - MUST be Government issued and include applicant's name, date of birth and signature. One must include photo of applicant

Type of I.D. produced (Country or Province) Verified by Electronic Identification Verification	ID number
Type of I.D. produced (Country or Province) Verified by Electronic Identification Verification	ID number

Contact information			
Residential Phone	Business Phone	Cell Phone 9053250299	Email charleneforster@msn.com

The Police Vulnerable Sector Check will include the following information as it exists on the date of the search:

- Criminal convictions from CPIC and/or local databases and Summary convictions from this police service's local database.
- Findings of guilt under the Youth Criminal Justice Act within the applicable disclosure period.
- Outstanding entries such as charges and warrants, judicial orders, Peace Bonds, Probation and Prohibition Orders. As per CPIC policy, information obtained from the Investigative Databank must be confirmed and authorized for release by the contributing agency.
- Absolute and Conditional Discharges, within the applicable disclosure period.
- In very exceptional cases, where it meets the Exceptional Disclosure Assessment, non-conviction dispositions including but not limited to, Withdrawn and Dismissed
- Not Criminally Responsible by Reason of Mental Disorder.
- All record suspensions as authorized for release by the Minister of Public Safety.

1. I hereby release and discharge the Timmins Police Service and all members and employees of the said Service from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the Police Service. I hereby authorize the Timmins Police Service to inquire into and disclose the results of any police records indicating criminal convictions, conditional and absolute discharges, outstanding criminal charges to me and to conduct a local police contact search with any Police Service in Canada

2. I certify that the information provided by me in this application is true and correct to the best of my knowledge and belief. I have read this consent, understand it and agree to it in its entirety.

I hereby consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of and been granted a record suspension for any of the sexual offences that are listed in the schedule to the Criminal Records Act.

I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, I will be requested to provide fingerprints to confirm that record and that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the information, that information will be disclosed to that person or organization.

Applicant's Name: (Please Print) Charlene Florestine Forster

Applicant's Signature *Charlene Forster*

Timmins Police and Triton Canada Inc. have made this request for information in compliance with any applicable federal, provincial or municipal public sector privacy legislation. The applicable legislation allows a public body or municipality to request and disclose an applicant's personal information to the applicant or their agent upon the applicant's request. Personal information is collected, retained and disclosed in compliance with federal, provincial and municipal legislation and pursuant to Section 41 of the Police Services Act for the purpose of processing this police record check request.

Generated by the Triton Advantage System, if you have any questions to the content of this form, please contact Triton Canada Inc. at customerservice@tritoncanada.ca

**POLICE VULNERABLE SECTOR CHECK**

Part 1: Identification of the Applicant			
Last Name <b>Forster</b>	First Name <b>Charlene</b>	Gender <b>Female</b>	Date of Birth (yyyy/mm/dd) <b>1979/06/27</b>


**Part 2: Reason for Consent (Please fill out the following)**  
 I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

Title of paid or volunteer position: <b>Gladue Worker</b>	Name of the person or organization: <b>Nan Legal</b>
--	---

Details regarding the responsibilities towards children or vulnerable person(s):  
**Legal**

**Part 3: Consent**  
 I understand that as a result of giving this consent, if I am suspected of being the person named in the criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, I will be required to provide fingerprints to confirm the record and the record may be provided by the Commissioner of the Royal Mounted Police to the Solicitor General of Canada. The minister of Public Safety and Emergency Preparedness may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose the information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the information, the information will be disclosed to that person or organization.

Contributing Agency **Timmins Police Service**

Signature of Applicant 	Date (yyyy/mm/dd) <b>2024/04/05</b>
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**POLICE USE ONLY (One box must be checked for each section)**

**1. RESULTS FOR NAME-BASED CRIMINAL RECORD CHECK (CRC)**

<input checked="" type="checkbox"/>	<b>NEGATIVE</b>	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 offences are reported to the RCMP National Repository of Criminal Records and a local indices check may or may not reveal criminal record convictions that have not been reported to the National Criminal Records repository.
<input type="checkbox"/>	<b>INCOMPLETE</b>	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 could not be completed. Positive identification that a criminal record does or does not exist requires the applicant to submit fingerprints to the RCMP National Repository of Criminal Records by an authorized police service or accredited private fingerprinting company. Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records and a local indices check may or may not reveal criminal record convictions that have not been reported to the National Criminal Records repository.
<input type="checkbox"/>	<b>POSSIBLE MATCH (See attached page for details)</b>	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 has resulted in a possible match to a registered criminal record. 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. As such, the criminal record information declared by the applicant does not constitute a Certified Criminal Record by the RCMP. 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 offences are reported to the RCMP National Repository of Criminal Records and a local indices check may or may not reveal criminal record convictions that have not been reported to the National Criminal Records repository.

**2. RESULTS OF FINGERPRINT COMPARISON SEARCH WITH THE NATIONAL REPOSITORY OF CRIMINAL RECORDS**

<input type="checkbox"/>	<b>NO RECORDS IDENTIFIED</b>
<input type="checkbox"/>	<b>RECORDS IDENTIFIED (See attached page(s) for details)</b>
<input checked="" type="checkbox"/>	<b>NOT APPLICABLE</b>

**3. RESULTS OF INVESTIGATIVE DATABANK AND LOCAL INDICES RESULTS**

<input checked="" type="checkbox"/>	<b>NEGATIVE – No information was revealed that can be disclosed in accordance with federal laws and RCMP policies</b>
<input type="checkbox"/>	<b>POSITIVE - (See attached page(s) for details).</b>

**4. RESULTS OF POLICE VULNERABLE SECTOR SCREENING ONLY**

<input checked="" type="checkbox"/>	<b>A search of sex offenders who were granted a record suspension was conducted. No information to release.</b>
<input type="checkbox"/>	<b>A search of sex offenders who were granted a record suspension was conducted. Information authorized for release. See attached page(s) for details.</b>
<input type="checkbox"/>	<b>A search of sex offenders who were granted a record suspension was not conducted.</b>

**Notes:**

To validate the authenticity of this document, visit <https://www.mypolicecheck.com/Validate/TimminsPoliceService> and enter this information:  
 Confirmation Id: 12312477, Request Id: R15088999

<b>Clerk: AV Badge #550</b>	<b>Date of Search: 2024/04/08</b>
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Timmins Police and Trilon Canada Inc. have made this request for information in compliance with any applicable federal, provincial or municipal public sector privacy legislation. The applicable legislation allows a public body or municipality to request and disclose an applicant's personal information to the applicant or their agent upon the applicant's request. Personal information is collected, retained and disclosed in compliance with federal, provincial and municipal legislation and pursuant to Section 41 of the Police Services Act for the purpose of processing this police record check request. Generated by the Trilon Advantage System, if you have any questions to the content of this form, please contact Trilon Canada Inc. at [customerservice@triloncanada.ca](mailto:customerservice@triloncanada.ca)