



**Seventh-day Adventist Church (British Columbia Conference)**  
300-1626 McCallum Rd, Abbotsford, BC V2S 0P1  
Phone: (604) 853-5451 Fax: (604) 853-8681

# Treasury

## COURTESY – SUPPORT STAFF WELCOME LETTER

**Welcome to the Seventh-day Adventist Church (British Columbia Conference).**

Please take a moment to examine this information. A little effort at this time will ensure correct processing of your payroll information and will minimize future problems on personnel matters.

**To ensure activation of your payroll, all forms should be entirely completed and returned promptly to the BC Conference Payroll Department.**

Please give attention to the following:

- The **Payroll Agreement Form** must be completed by the Board Chairman of the School or Church where you will be employed. This form must be entirely completed (Including a copy of the board minutes where the hiring action was taken) and returned before any payroll will be processed.
- Disbursement Dates – The BC Conference disburses payroll on a semi-monthly basis. This means you will receive payment on the 15<sup>th</sup> or previous business day and the last business day of the month.
- Forms **TD1 – Federal** and **TD1BC – Provincial** – If you do not fill out and sign Form TD1 and/or Form TD1BC, tax deductions will default to the basic personal amount only. If you want to change the default, please complete the two TD1 forms and return them to this office.
- **ONLY IF ELIGIBLE** – Please complete the Health Benefits Plan **Enrollment Application**, the **Life and Personal Accident Protection Plan**, and the **Evidence of Insurability** forms. BC Conference permanent employees that meet all the eligibility requirements are eligible to be on the SDACC Extended Health Benefits Plan. Original forms must be returned to the BC Conference (AFTER being checked over by Judilyn Lucena).
- Please submit a voided cheque or direct deposit information slip for direct payroll deposit of your payroll earnings. All employees of the BC Conference receive their remuneration by direct deposit to their bank account twice a month (the 15<sup>th</sup> and 30/31<sup>st</sup>). Your pay statements will be sent to you electronically using Dayforce's Powerpay Self Service system when you provide an email address you want to be contacted at. A Unique Username and Temporary Password will be sent to you from Dayforce to the email address you provide in order to login and access your pay statements and tax forms at your Powerpay Self Service User Account. (See *Example of Welcome Emails from Ceridian* and *Using Powerpay Self Service Guide* for more information). Please don't hesitate to call us if you encounter any problems while signing in to your Powerpay Self Service User Account.
- Please submit 1 photocopy of your Social Insurance Number Card or Social Insurance Number Letter.
- Please submit 1 photocopy of proof of Canadian Citizenship, Permanent Resident Status, or Work Permit.
- If you are a permanent employee working consistent hours and wish to participate in the Group iA RRSP plan and receive employer matching of your contributions up to 3% of your gross pay, you must enrol in the Group iA RRSP Plan using the Plan Identification Number in the Enrolment Kit.

***It is imperative that any changes regarding tax information, banking, address changes, etc., be made known immediately to the payroll department. You must also notify the payroll department before you close your bank account.***

If you have any further questions or need additional information on any of the above, please contact the BC Conference Payroll Department.

**Judilyn Lucena, Salaried Payroll**  
Telephone: (604) 853-5451 Ext. 409  
Fax: 604-853-8681  
Email: jlucena@bcadventist.ca

**Julie Astleford, Hourly Payroll**  
Telephone: (604) 853-5451 Ext. 410  
Fax: (604) 853-8681  
Email: jastleford@bcadventist.ca



## FORMS AND DOCUMENT CHECKLIST – SCHOOL

Name of Employee	Name of Employer	Date

The employee is a: (Please select one of the 3 options listed below.)

- New Hire**
- Current Employee** – Currently employed within the BC Conference
- Returning Employee** – Was employed in the BC Conference within the past 12 months

Please send the following applicable forms and documents. Check  each box for the items sent.

**Ensure that all applicable forms are fully completed including this checklist and submitted before their first day of work. Failure to provide fully completed forms or the necessary documents will result in the employee's payroll not processed.**

- Forms and Document Checklist** – All employees
- Payroll Agreement Form** – All employees
- Photocopy of **Board Minutes** – All employees, the board minutes should outline the following: employee's position title, employment start and ending date, salary per month, hours of work per week/total contract, and receiving health benefits (must be on salary payroll).
- TD1 and TD1BC** (Federal and Provincial Personal Tax Credit Return) – New Hire only, Returning Employees may fill out these forms if they need to change amounts previously claimed or want to increase the amount of tax deducted at source.
- Employment Application for Local Hire** – New Hire only
- Employee Information – New Employee/Transfer Notice Form** – New Hire only
- Photocopy of **proof of Canadian Citizenship, Permanent Resident Status, or Work Visa** – New Hire only (Canadian Birth Certificate, Canadian Citizenship Card, Canadian Passport, Record of Landing, Permanent Resident Card (front & back), Confirmation of Permanent Residence, Work Permit)
- Photocopy of **voided cheque or direct deposit information slip** – New Hire only, Returning Employees who have changed bank accounts must update their banking information to ensure correct processing.
- Photocopy of **Social Insurance Number Card or Social Insurance Number Letter** – New Hire only, If the employee does not have a Social Insurance Number Card or Social Insurance Number Letter, a government issued document showing the employee's name and SIN (ex. CRA Notice of Assessment) may be used.
- Health Benefits Forms (separate packet) – ONLY for Eligible Employees – read included instructions carefully**
  - HBA Enrolment Application – print off in color and write using blue ink
  - HBA Life and Personal Accident Protection Plan – print off in color and write using blue ink
  - Evidence of Insurability

**(completed forms MUST be checked by Judilyn Lucena BEFORE original forms are mailed in)**
- Criminal Record Check – Give to Shelly Dinning
- Signed Statutory Declaration – Give to Shelly Dinning

**Please send your completed forms and documents to the corresponding person listed at the bottom of this page.** If sending via email, please send scanned pdf copies only, no photos.

Please contact the BC Conference Payroll Department If you have any questions or need additional information.

**Judilyn Lucena – Salaried Employees**

Email: jlucena@bcadventist.ca

Telephone: (604) 853-5451 Ext. 409

**Julie Astleford – Hourly Employees**

Email: jastleford@bcadventist.ca

Telephone: (604) 853-5451 Ext. 410



## COURTESY - SUPPORT STAFF PAYROLL AGREEMENT FORM

### EMPLOYEE INFORMATION

_____		_____	_____	
Legal Name (First, Middle, Last)		Date of Birth	Social Insurance Number	
_____		_____	_____	_____
Mailing Address		City	Prov	Postal Code
_____	_____	_____		
Home Phone	Cell Phone	Email Address		

### EMPLOYER INFORMATION

Name of Local Employing Organization: \_\_\_\_\_

_____		_____	_____
Mailing Address		City	Postal Code
_____	_____	_____	
Name of Contact Person	Phone Number	Email Address	

### POSITION INFORMATION

SALARIED POSITION

HOURLY POSITION

Position Title: \_\_\_\_\_

Gross Monthly Salary \$ \_\_\_\_\_

*\* Employer is billed gross salary + employer costs*

Hours Worked per Week \_\_\_\_\_

*\* (Gross Monthly Salary x 12) / (Hours Worked per Week x 52) must equal at least minimum wage.*

-----

In order to comply with the Employment Standards Act - Vacation Pay legislation, I understand that salaried employees will receive 6% of their annual employment earnings in paid time off. The Act requires employers to ensure that employees take time off for annual vacations.

Board Chair Initial \_\_\_\_\_

Position Title: \_\_\_\_\_

Hourly Rate \$ \_\_\_\_\_ /Hour

*\* Employer is billed gross salary + employer costs*

*\*\* Hourly rate must be at least minimum wage.*

-----

In order to comply with the Employment Standards Act - Vacation Pay legislation, I understand that hourly employees will receive an additional vacation pay amount equal to 6% of their gross earnings per pay. Therefore hourly employees will not be paid for time taken off for vacation.

Board Chair Initial \_\_\_\_\_

Section 58(2)(b) of the Employment Standards Act (BC) allows employers with the approval of the employee, to pay the employee vacation pay on a per pay period basis. I hereby authorize my employer to pay my vacation entitlement (6% of total gross wages) on a per pay period basis.

Employee Initial \_\_\_\_\_

### SDACC EXTENDED HEALTH BENEFITS

Eligibility Requirements\*\* met?  Yes  No

*\*\*full-time resident of Canada, covered under provincial health plan, & permanent, active full-time & working the minimum full-time hours for their position title*

Has the employee opted out of the offered SDACC Health Benefits?

- Yes → *I am opting out of the SDACC Health Benefits Plan:* Employee Initial \_\_\_\_\_
- No → **Receiving SDACC Health Benefits Plan**
- \*\*\* Extended health care plan, vision care, dental care, etc.*

Employment Commences \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month Day Year

Employment Ceases \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month Day Year

*\* If employment is ongoing, please leave "Employment Ceases" blank. The employee's payroll status will only be adjusted when notice is received.*

_____	_____	_____
Employee Name - Print	Employee - Signature	Date
_____	_____	_____
Board Chairperson Name - Print	Board Chairperson - Signature	Date



# 2026 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 number
Address		Postal code	<b>For non-residents only</b> Country of permanent residence	Social insurance number

**1. Basic personal amount** – Every resident of Canada can enter a basic personal amount of \$16,452. However, if your net income from all sources will be greater than \$181,440 and you enter \$16,452, 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 \$181,440 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2026 Personal Tax Credits Return, and enter the calculated amount here.

**2. Canada caregiver amount for infirm children under age 18** – Only one parent may claim \$2,740 for each infirm child born in 2009 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, 2026, and your net income for the year from all sources will be \$46,432 or less, enter \$9,208. You may enter a partial amount if your net income for the year will be between \$46,432 and \$107,819. 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 \$10,341.

**7. Spouse or common-law partner amount** – Enter the difference between the amount on line 1 (line 1 plus \$2,740 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 \$2,740 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 \$29,374 or less.

**8. Amount for an eligible dependant** – Enter the difference between the amount on line 1 (line 1 plus \$2,740 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 \$2,740 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 \$29,374 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 \$29,374 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 \$19,192) whose net income for the year will be \$20,601 or less, enter \$8,773. You may enter a partial amount if their net income for the year will be between \$20,601 and \$29,374. 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.

**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 2026, 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 2026?

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 \$16,452. 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, 2026 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2026. 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 2026:

- \$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 **1-800-959-5525**.

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, and 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 \_\_\_\_\_

Date \_\_\_\_\_

**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 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 number
Address	Postal code  _ _ _ _ _ _	<b>For non-residents only</b> Country of permanent residence	Social insurance number  _ _ _ _ _ _ _ _ _
<b>1. Basic personal amount</b> – Every person employed in British Columbia and every pensioner residing in British Columbia can claim this amount. If you will have more than one employer or payer at the same time in 2026, see "More than one employer or payer at the same time" on page 2.			<b>13,216</b>
<b>2. Age amount</b> – If you will be 65 or older on December 31, 2026 and your net income will be \$44,119 or less, enter \$5,927. You may enter a partial amount if your net income for the year will be between \$44,119 and \$83,633. To calculate a partial amount, fill out the line 2 section of Form TD1BC-WS, Worksheet for the 2026 British Columbia Personal Tax Credits Return.			
<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 <b>whichever is less</b> : \$1,000 or your estimated annual pension.			
<b>4. Tuition (full-time and part-time)</b> – Fill out this section if you are a student at a university, college, or educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter your total tuition fees that you will pay less your Canada Training Credit if you are a full-time or part-time student.			
<b>5. 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 \$9,913.			
<b>6. Spouse or common-law partner amount</b> – Enter \$11,317 if you are supporting your spouse or common-law partner and <b>both</b> of the following conditions apply: <ul style="list-style-type: none"> <li>• Your spouse or common-law partner lives with you</li> <li>• Your spouse or common-law partner has a net income of \$1,132 or less for the year</li> </ul> You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between \$1,132 and \$12,449. To calculate a partial amount, fill out the line 6 section of Form TD1BC-WS.			
<b>7. Amount for an eligible dependant</b> – Enter \$11,317 if you are supporting an eligible dependant and <b>all</b> of the following conditions apply: <ul style="list-style-type: none"> <li>• You do <b>not</b> have a spouse or common-law partner, or you <b>have</b> 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 has a net income of \$1,132 or less for the year</li> </ul> You may enter a partial amount if the eligible dependant's net income for the year will be between \$1,132 and \$12,449. To calculate a partial amount, fill out the line 7 section of Form TD1BC-WS.			
<b>8. British Columbia caregiver amount</b> – You may claim this amount if you are supporting your <b>infirm</b> spouse or common-law partner, or an <b>infirm</b> eligible dependant (age 18 or older) who is your or your spouse's or common-law partner's: <ul style="list-style-type: none"> <li>• child or grandchild (including those of your spouse or common-law partner)</li> <li>• parent, grandparent, brother, sister, uncle, aunt, niece or nephew who resides in Canada at any time in the year (including those of your spouse or common-law partner)</li> </ul> The infirm person's net income for the year must be less than \$25,356. To calculate this amount, fill out the line 8 section of Form TD1BC-WS.			
<b>9. 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, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.			
<b>10. 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. 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.			
<b>11. TOTAL CLAIM AMOUNT</b> – Add lines 1 to 10. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.			

**Filling out Form TD1BC**

Fill out this form if you have income in British Columbia 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 TD1BC, 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 TD1BC for 2026, 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 TD1BC, check this box, enter "0" on line 11 and do not fill in lines 2 to 10

**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 11. 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 TD1.

**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, and 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 \_\_\_\_\_

**It is a serious offence to make a false return.**

**SEVENTH-DAY ADVENTIST CHURCH (BRITISH COLUMBIA CONFERENCE)**

**EMPLOYMENT APPLICATION FOR LOCAL HIRE**

**INSTRUCTIONS:** To assist us in better understanding your qualifications and interests and to assure the fullest consideration, please provide all of the information requested on this application. Please read the “applicant’s statement” found on page 5 of this application form before answering any of the questions. Sign the application at the bottom of page 5 and return it to the office of Vice-President for Administration. PLEASE PRINT OR TYPE ALL INFORMATION.

**PERSONAL**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Date of Application</b>
<b>Address</b>		<b>City, Province and Postal Code</b>	
<b>Home Phone (with area code)</b>	<b>Daytime phone if different than home (with area code)</b>		<b>Social Insurance Number</b>
<b>If you have used a name other than the one listed above during the past five years, please list it here</b>			<b>Email</b>

**POSITION AND AVAILABILITY**

<b>What type of position are you seeking?</b>	<b>Date you would be available</b>
-----------------------------------------------	------------------------------------

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation?

- Yes
- No (if no, please explain)

Are you a Canadian citizen or alien legally authorized to work in Canada?

- Yes
- No

Have you ever been convicted or, or pled guilty or no contest to a crime other than a minor traffic violation, or are you now under charges for any criminal offense? A criminal conviction will not necessarily disqualify you from consideration for employment.

- Yes (if yes, please explain fully on an additional sheet)
- No

List each country and province of residence for the past 5 years:

Name of Country	Province	Date (year or years)	Number of different residential addresses within each province

### EMPLOYMENT HISTORY

List your last 3 employers beginning with your current or most recent employer:

Current or Last Employer			Address, City, Province, Postal Code		
Title	Number of people you supervised	If a church, indicate congregational size and amount of annual budget		Supervisor or Contact person for reference	Telephone number with area code
Beginning Date (mo/yr)	Ending Date (mo/yr)	Starting Salary	Ending Salary	Reason for leaving	
Describe your duties:					

Current or Last Employer			Address, City, Province, Postal Code		
Title	Number of people you supervised	If a church, indicate congregational size and amount of annual budget		Supervisor or Contact person for reference	Telephone number with area code
Beginning Date (mo/yr)	Ending Date (mo/yr)	Starting Salary	Ending Salary	Reason for leaving	
Describe your duties:					

Current or Last Employer			Address, City, Province, Postal Code		
Title	Number of people you supervised	If a church, indicate congregational size and amount of annual budget		Supervisor or Contact person for reference	Telephone number with area code
Beginning Date (mo/yr)	Ending Date (mo/yr)	Starting Salary	Ending Salary	Reason for leaving	
Describe your duties:					

## EDUCATION

List all colleges, universities, and seminaries attended, beginning with the most recent:

School	City/Province	Dates Attended (mo/yr)		Graduate?	Degree
		From:	To:		
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## REFERENCES WITH KNOWLEDGE OF YOUR PROFESSIONAL SKILLS

List below two persons with knowledge of your skills and experience. **Do not list relatives.**

<b>Name</b>		
<b>Address</b>		
<b>City</b>		
<b>Province</b>		
<b>Country</b>		
<b>Postal Code</b>		
<b>Telephone</b>		
<b>Email</b>		

## **ADDITIONAL INFORMATION**

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. For example, you may wish to mention books or articles you have published, awards you have received, or leadership positions in civic groups or denominational agencies. Also use this section to expand any statements made in other sections of this application form.

**APPLICANT’S STATEMENT – READ CAREFULLY!**

In consideration of the receipt and evaluation of this application by the church, I agree and represent that:

- The information contained in this application is correct to the best of my knowledge. I understand and agree that providing false or misleading information on this application is grounds for my immediate dismissal, if I am hired.
- I authorize any references, schools, current or former employers, current or former supervisors, churches or denominational agencies, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for employment. I agree that you may use all such information in considering my application. I hereby release any individual, employer, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. A facsimile or photocopy of this authorization shall be as valid as the original.

Should my application be accepted, I agree to be bound by the North American Division Working Policy.

I understand and agree that nothing contained in this application for employment or in any pre-employment interview is intended to or shall create a contract between myself and the church for either employment or the providing of any benefit. I further understand that a criminal records check and other background checks may be conducted on me, and I consent to such checks.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS, AND AGREE TO THEM. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I MAY CONSULT WITH A LEGAL ADVISOR PRIOR TO SIGNING IT.

\_\_\_\_\_  
Signature of application (unsigned applications will not be considered)

\_\_\_\_\_  
Date

Note: If this application is returned by mail, please address it to Attention: *Vice-President for Administration* and mark the envelope *Personal and Confidential*.

# Employee Information

## New Employee / Transfer Notice

1148 King Street East, Oshawa ON • L1H 1H8  
Tel 905-433-0011 • Fax 905-433-0982

Seventh-day Adventist Church  
Église Adventiste du Septième Jour

Retirement Plan for Canadian Employees  
Plan de retraite pour les employés canadiens



### Personal Information

Legal First Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_  
Legal Middle Name: \_\_\_\_\_ Previous Last Names: \_\_\_\_\_  
(Maiden/Married)  
Common Name: \_\_\_\_\_  
Date of Birth (m/d/y): \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
SIN: \_\_\_\_\_ SSN: \_\_\_\_\_  
Gender: \_\_\_\_\_ Written Communication Preference:  English  French

### Contact Information

Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
(If different from residential address)  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Personal Email: \_\_\_\_\_ (Gmail, Hotmail or Yahoo preferred)  
(Not work provided email)

### Education Information (additional space on back of form)

Bachelor's Degree: \_\_\_\_\_ Major/Field of Study: \_\_\_\_\_  
Institution: \_\_\_\_\_ Date Conferred (m/d/y): \_\_\_\_\_  
Master's Degree: \_\_\_\_\_ Major/Field of Study: \_\_\_\_\_  
Institution: \_\_\_\_\_ Date Conferred (m/d/y): \_\_\_\_\_  
Doctorate Degree: \_\_\_\_\_ Major/Field of Study: \_\_\_\_\_  
Institution: \_\_\_\_\_ Date Conferred (m/d/y): \_\_\_\_\_

### Last Church Employment Information

Employer: \_\_\_\_\_ Service End Date: \_\_\_\_\_  
Division: \_\_\_\_\_ Years of Service: \_\_\_\_\_

### Spousal Information

Legal First Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_  
Legal Middle Name: \_\_\_\_\_ Previous Last Names: \_\_\_\_\_  
(Maiden/Married)  
Common Name: \_\_\_\_\_  
Date of Birth (m/d/y): \_\_\_\_\_ Date of Marriage(m/d/y): \_\_\_\_\_  
SIN: \_\_\_\_\_ SSN: \_\_\_\_\_

### Additional Education Information (employee)

---

Additional Degree: \_\_\_\_\_ Major/Field of Study: \_\_\_\_\_  
Institution: \_\_\_\_\_ Date Conferred (m/d/y): \_\_\_\_\_  
Additional Degree: \_\_\_\_\_ Major/Field of Study: \_\_\_\_\_  
Institution: \_\_\_\_\_ Date Conferred (m/d/y): \_\_\_\_\_  
Additional Degree: \_\_\_\_\_ Major/Field of Study: \_\_\_\_\_  
Institution: \_\_\_\_\_ Date Conferred (m/d/y): \_\_\_\_\_

### Employee Certification

---

I certify that the information provided by me on this form is true and accurate. I understand that the information on the Employee Information – New Employee / Transfer Notice form is being collected for the purposes of pension benefit management and administration. From time to time, the Seventh-day Adventist Church will confidentially share information with other service providers, as is necessary, for the management and administration of the pension benefits under the Plan or any successor plan. I authorize the collection, use and disclosure of such personal information for the purpose of pension benefit management and administration.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Employment Information (to be completed by Employer)

---

Name of Employing Organization: \_\_\_\_\_

Employee Confirmed Start Date (m/d/y): \_\_\_\_\_

New Church Employee (no previous Church work):  Yes  No – Complete Transfer Info Below

Transferred From (choose one below if employee has previous Church service):

1. Name of Canadian Church Employer: \_\_\_\_\_

2. Name of US Church Employer: \_\_\_\_\_

3. Name of Foreign Division: \_\_\_\_\_

ITR Application (Needed if born outside of the NAD):  Application Started  Already Voted

<https://www.nadsecretariat.org/independent-transfers/>

# Powerpay Employee Self Service

## Welcome to Powerpay Self Service

Powerpay Self Service is a convenient way to view your Payroll and Human Resource information at any time, including address, contact and banking information, emergency contacts, pay statements and tax forms.

### Accessing Self Service

To get started, you will receive a welcome email with a link (valid for 10 days) to access Powerpay Self Service. The email will be similar to the sample shown here. Click on the link provided within the email and follow the online prompt to access Self Service.

**Important:** You will require your employee number to complete the initial login process and access Self Service. This number should be provided to you by your employer. If you have not received your employee number, contact your employer.

### Welcome Email:

#### Dayforce

*La version française suit l'anglaise.*

Welcome to Powerpay Self Service!

**Your initial set up must be performed on a full-size desktop/PC platform (not a mobile device) and in a browser window (not the app).**

To get started and set up your account:

1. Click [here](#).
2. Enter your Employee Number.
3. Click **Submit**.
4. Complete the password set up process.
5. Click **Save**.
6. Once your password is set up, click **Continue** to log into Powerpay Self Service with your new password.
7. Enter your Username and password.  
Your username will be delivered in a separate email.  
\* Passwords and Usernames are case sensitive.
8. Click **Login**.
9. Select and answer your Personal Verification Questions and agree to the Terms of User and Privacy Policy. These are required to complete your initial log in as additional security measures to assist in ensuring your data is secure and your privacy is protected.

You're done! It's that easy!

Use this [step-by-step guide](#) to Self Service for Instructions on:

- Navigating in Self Service
- Viewing and printing your earning statements,
- Enabling your year-end tax forms in Self Service,
- Updating your emergency contacts and more.

Remember to bookmark the [Self Service home page \(https://clients.powerpay.ca/selfservice/login\)](https://clients.powerpay.ca/selfservice/login) or mark it as a favorite in your browser. This makes it easy to get back into Self Service in the future. You can also download our free app (see link below).

**Contact your organization's payroll administrator** with any questions.

[Download on the App Store](#) [Get it on Google Play](#)



\*This email is an automated notification, which is unable to receive replies.

Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc., registered in the U.S. and other countries. Google Play and the Google Play logo are trademarks of Google LLC.

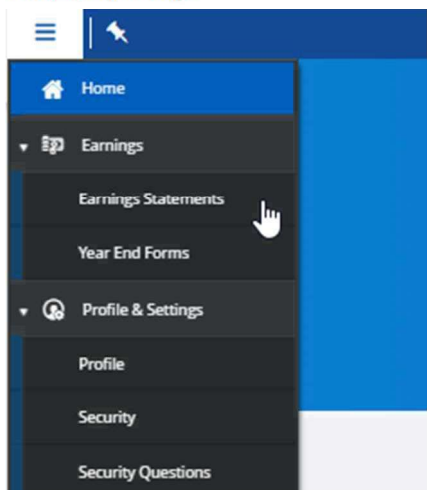
You will need to create your permanent password and set up your Personal Verification questions. SelfService uses the answers to these questions to verify your identity when you use the *Forgot Password?* link to reset your password.

We advise you to complete this set up on a tablet, iPad or computer. Once your set up is complete you will be able to access Powerpay Self Service on your mobile phone.

[Click here](#) for additional information on how to navigate within Self Service, how to change your password, and how to view or print your Earnings Statements and Year End forms.

### Navigating in Self Service

The navigation panel displays all the features that you can access. It is displayed to the far left of the screen, and is always available (even if it's hidden, or "unpinned") regardless of which feature you are currently using.




The feature you are currently using is highlighted in blue. You can navigate to another feature by clicking in the navigation panel.



By default, the navigation panel is hidden ("unpinned") when you first log into Self Service. You can display it by clicking the menu button at the top left of the toolbar.

## Accessing Help in Self Service

You can access the extensive Help library from any page in Self Service. Click the Help icon (  ) on the Toolbar, in the upper right corner of the page. Help will open in a new tab in your browser.



## Hello, how can we help?

Use the search bar and side navigation to find online help including step by step explanations on how to perform tasks.

### Quick Links

---



[Getting Started Guide](#)

**CERIDIAN**

## Changing your Password

The first time the employee logs into Powerpay Self Service they are required to change their password. Employees are also required to change their password if they have been issued a Reset password.

The screenshot displays the 'Profile & Settings' interface with the 'Security' tab selected. Under 'Security Settings', the 'Update Password' section is active. It includes instructions to enter the current password and the new password twice. A list of password restrictions is provided, such as minimum length, character sets, and uniqueness. To the right of the text are three text input fields labeled 'Current Password', 'New Password', and 'Confirm New Password'. A red rectangular box highlights these three input fields. At the bottom right of the form, there is a blue 'Save' button.

1. Navigate to the **Security** page (Profile & Settings → Security).
2. Enter the current password in the **Current Password** field.
3. Enter the new password in the **New Password** field and the **Confirm New Password** field.
4. Click **Save**.

## Updating Security Questions

Security Questions are used for password retrieval, reset and sign-in verification.

Safeguarding employee username, password and online identity is crucial to protecting employee information. Suitable caution must be exercised in setting up Security Questions and answers. It is important to keep the answers confidential. Choose questions with answers that can easily be remembered but are difficult to guess and known only by the employee. Never write down or share this information with anyone. We do not recommend questions with answers that can be found in a wallet, purse or at the desk by your computer.

Avoid questions asking for information that is available to the public, such as on a social media page, or easily guessed.

## Using Powerpay Self Service Guide

The screenshot shows the 'Profile & Settings' page with the 'Security Questions' tab selected. The page title is 'Security Questions' and it includes a sub-header: 'Select a minimum of 4 unique security questions and their corresponding answers. These questions will be used to help verify your identity.' There are six rows of questions, each with a dropdown menu for the question and a text input field for the answer. The first four questions are required (marked with a red asterisk), while the last two are optional. The questions are: 1. 'Where does your nearest sibling live?', 2. 'What was the color of your first car?', 3. 'What school did you attend for sixth grade?', 4. 'What was the make and model of your first car?', 5. 'Select', and 6. 'Select'. A 'Save' button is located at the bottom right of the form.

Security Question	Security Answer
Security Question 1 * Where does your nearest sibling live?	Security Answer 1 *
Security Question 2 * What was the color of your first car?	Security Answer 2 *
Security Question 3 * What school did you attend for sixth grade?	Security Answer 3 *
Security Question 4 * What was the make and model of your first car?	Security Answer 4 *
Security Question 5 (optional) Select	Security Answer 5 (optional)
Security Question 6 (optional) Select	Security Answer 6 (optional)

1. Navigate to the **Security Questions** page (Menu button → Profile & Settings → Security Questions).
2. Select a minimum of 4 unique security question from the drop-down list, and enter the corresponding answer.
3. Click **Save**.

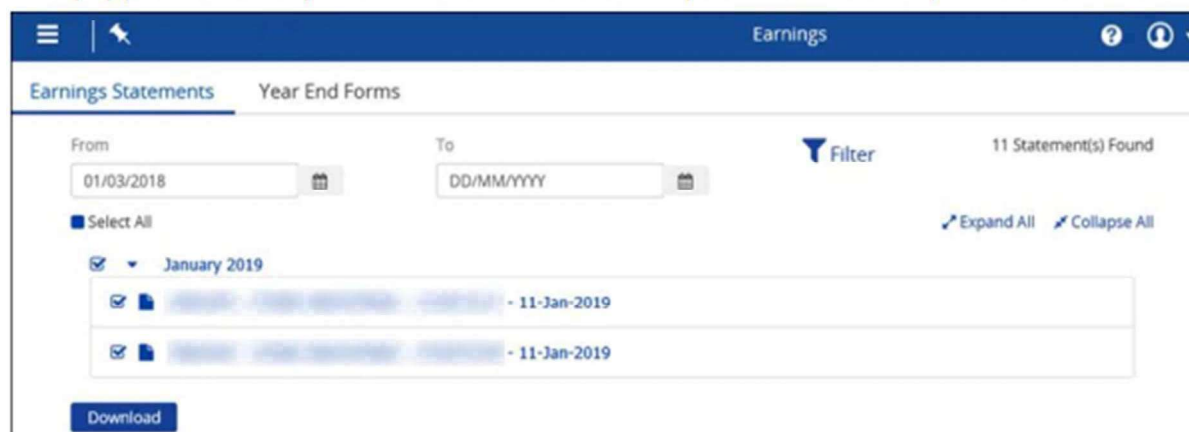
If an employee requests to have their password reset, they will be prompted to answer one of the 4 to 6 security questions they set up on the Security page.

# Using Powerpay Self Service Guide

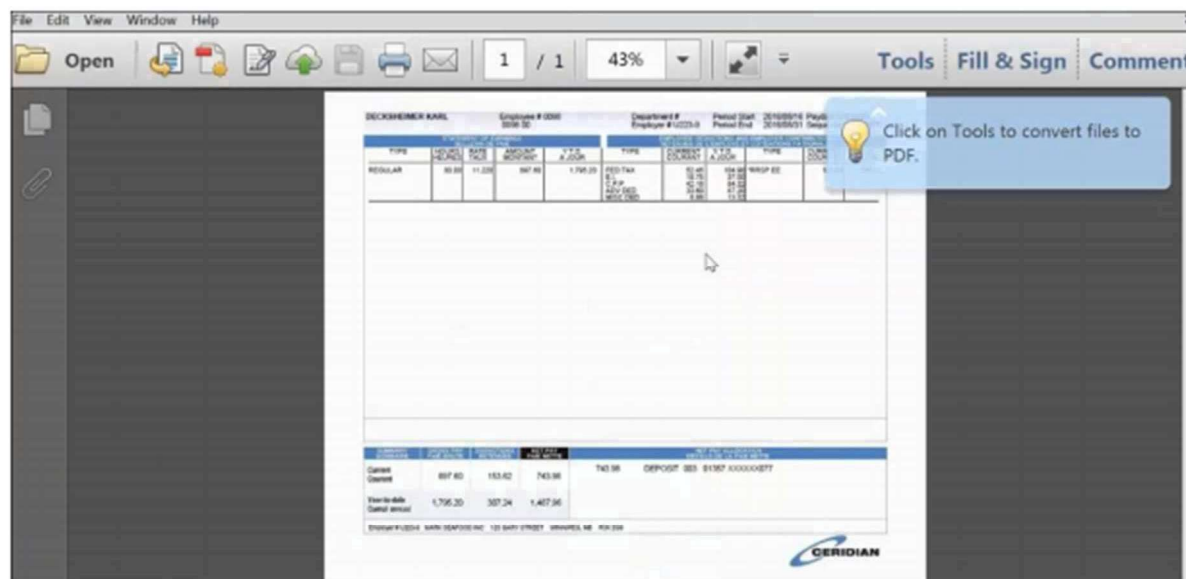
## Viewing and Printing Earnings Statements

Use to view and print earnings for the latest pay period as well as every pay period in the past.

Past pay periods are only available to the time when they were activated for your Self Service account.



The download feature allows you to consolidate multiple pay statements into one zip file, rather than downloading the pay statements manually one at a time



1. Navigate to the **Earnings Statements** page (Earnings → Earnings Statement).
2. Click the arrow button (▶) to expand a month and view the available earning statements.
3. You can also filter the list by date using the **From** and **To** calendar fields and **Filter** button.
4. Select the earning statement you want to view.
5. Click **Open**. A PDF version of your pay statement displays.

# Using Powerpay Self Service Guide

## Viewing and Printing Year End Forms (T4, T4A, Releve1, and Releve2)



The download feature allows you to consolidate multiple year end forms into one zip file, rather than downloading the forms manually one at a time

1. Navigate to the *Year End Forms* page (Earnings → Year End Forms).
2. Click the arrow button (▶) to expand the year.
3. Select the tax form you want to view.
4. Click **Open**. A PDF version of your tax form displays.
5. To view the back of the tax form, click the **Click here for additional information** link at the bottom of the page.

**T4 Statement of Remuneration Paid / État de la rémunération payée**

Employer's name and address - Nom et adresse de l'employeur  
**MARK SEAFOOD INC**  
 1017-9

Employer's account number - Numéro de compte de l'employeur  
 286 820 964

Employer's name and address - Nom et adresse de l'employé  
**CLSEN HEATHER**  
 20735 115TH AVENUE  
 LAVEL, NB  
 E1G 2E1  
 EE ID: 8011

14	Employment income - the 101 / Revenu d'emploi - ligne 101	6,696.00	22	Income tax deducted - the 437 / Montant de l'impôt déduit - ligne 437	750.00
15	Employer's CPP contributions - the 308 / Cotisations de l'employeur au RPP - ligne 308	6,696.00	24	RRSP contributions - the 207 / Cotisations à un RRR - ligne 207	6,600.00
16	Employer's QPP contributions - the 309 / Cotisations de l'employeur au RPP - ligne 309	469.74	25	RRSP contributions - the 207 / Cotisations à un RRR - ligne 207	6,600.00
17	Employer's EI premiums - the 310 / Cotisations de l'employeur à l'EI - ligne 310	100.22	26	RRSP contributions - the 207 / Cotisations à un RRR - ligne 207	6,600.00
18	Employer's PRR premiums - see note / Cotisations de l'employeur au RRR - voir la note	36.18	27	RRSP contributions - the 207 / Cotisations à un RRR - ligne 207	6,600.00

Other amounts paid (see 15) - Autres montants payés (voir la 15)

Box - Case	Amount - Montant	Box - Case	Amount - Montant	Box - Case	Amount - Montant
85	60.00	40	696.00		

Report these amounts on your tax return. / Rapporter ces montants sur votre déclaration de revenus.

14 - Employment income - Enter on line 101.  
 15 - Employer's CPP contributions - See line 308 in your tax guide.  
 16 - Employer's QPP contributions - See line 309 in your tax guide.  
 17 - RRSP contributions - Include your own contributions. See line 207 in your tax guide.  
 18 - Income tax deducted - Enter on line 437.  
 19 - Employer's EI premiums - Enter on line 310.  
 20 - Security options deduction (TSEBTS) - Enter on line 240.  
 21 - Employer's PRR premiums - Enter on line 312.  
 22 - Charitable donations - Enter on line 234. This amount is already included in line 14.  
 23 - Charitable donations - Enter on line 234.  
 24 - RRSP contributions - See line 207 in your tax guide.  
 25 - RRSP contributions - See line 207 in your tax guide.  
 26 - RRSP contributions - See line 207 in your tax guide.  
 27 - RRSP contributions - See line 207 in your tax guide.

14 - Revenu d'emploi - Inscrire sur la ligne 101.  
 15 - Cotisations de l'employeur au RPP - Voir la ligne 308 de votre guide d'impôt.  
 16 - Cotisations de l'employeur au RPP - Voir la ligne 309 de votre guide d'impôt.  
 17 - Cotisations à un RRR - Incluez vos cotisations personnelles. Voir la ligne 207 de votre guide d'impôt.  
 18 - Montants de l'impôt déduit - Inscrire sur la ligne 437.  
 19 - Cotisations de l'employeur à l'EI - Inscrire sur la ligne 310.  
 20 - Déduction des options de sécurité (TSEBTS) - Inscrire sur la ligne 240.  
 21 - Cotisations de l'employeur au RRR - Inscrire sur la ligne 312.  
 22 - Donations caritatives - Inscrire sur la ligne 234. Ce montant est déjà inclus dans la ligne 14.  
 23 - Donations caritatives - Inscrire sur la ligne 234.  
 24 - Cotisations à un RRR - Voir la ligne 207 de votre guide d'impôt.  
 25 - Cotisations à un RRR - Voir la ligne 207 de votre guide d'impôt.  
 26 - Cotisations à un RRR - Voir la ligne 207 de votre guide d'impôt.  
 27 - Cotisations à un RRR - Voir la ligne 207 de votre guide d'impôt.

### Logging out of Self Service

Employees should always log out of Self Service when they are through with their session, to protect personal information.



1. Select the **System Details** icon on any page.
2. Click **Logout**.