



# New Employee Orientation

Name: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Sex: \_\_\_\_\_ M \_\_\_\_\_ F Date of Birth: \_\_\_\_\_

Employment Date: \_\_\_\_\_ Orientation Date: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
(dd-mm-yyyy)

Email: \_\_\_\_\_

## In Case of an Emergency

**Please list at least two contacts whom we can notify in case of an emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

Doctors Name and Medical Clinic Number: \_\_\_\_\_

**Rate of Pay Acknowledgement:** Position: \_\_\_\_\_

Rate: \_\_\_\_\_ Truck: \_\_\_\_\_ Other: \_\_\_\_\_

Employee initial: \_\_\_\_\_ Management Initial: \_\_\_\_\_



# New Employee Orientation

## FITNESS ASSESSMENT

The purpose of this fitness questionnaire is to ensure the applicant is physically capable of successfully accomplishing the required job tasks involved without putting themselves at risk of serious injury or illness.

**NOTE:** Questions may be left blank if applicant feels that they are discriminatory.

### MEDICAL HISTORY:

Have you been hospitalized within the last two years? Yes \_\_\_ No \_\_\_

Any lost work days due to injury or illness in the past two years? Yes \_\_\_ No \_\_\_

Have you ever been injured at work? Yes \_\_\_ No \_\_\_

If yes, what type of injury?

Details \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_

Did you have to perform modified duties as a result of the above injury?

How will this injury affect your ability to perform on the job:

### Do you suffer from any of the following?

Chest Pain Yes \_\_\_ No \_\_\_

Persistent Cough Yes \_\_\_ No \_\_\_

High Blood Pressure Yes \_\_\_ No \_\_\_

Depression/Anxiety Yes \_\_\_ No \_\_\_

Claustrophobia Yes \_\_\_ No \_\_\_

Headaches/Dizziness Yes \_\_\_ No \_\_\_

Cancer Yes \_\_\_ No \_\_\_

Stomach Disorders Yes \_\_\_ No \_\_\_

Sleeping Disorders Yes \_\_\_ No \_\_\_

Back Pain Yes \_\_\_ No \_\_\_

Joint Problems/Disorders Yes \_\_\_ No \_\_\_

Movement Restrictions Yes \_\_\_ No \_\_\_

Vision Impairments (glasses) Yes \_\_\_ No \_\_\_

Any Alcohol/drug use (including socially) Yes \_\_\_ No \_\_\_

Are you taking any Medications? Yes \_\_\_ No \_\_\_

If Yes, Describe \_\_\_\_\_

Other Conditions that may affect your ability to safely perform your job Yes \_\_\_ No \_\_\_

If Yes, Describe \_\_\_\_\_

Do you have Allergies? Yes \_\_\_ No \_\_\_

If Yes, Describe: \_\_\_\_\_

Do you have any pre-existing medical conditions/injuries? Yes \_\_\_ No \_\_\_

If so, explain \_\_\_\_\_

How will it affect the work you are being hired to perform?

I have read and reviewed the above and agree that all information provided is true to the best of my knowledge.

Date: \_\_\_\_\_, 20\_\_

Signature: \_\_\_\_\_



# New Employee Orientation

\*\* For Office Use Only \*\*

## Employee Application

Resume Attached:  Yes  No

Employed By	Length of Employment	Contact	Reason For Leaving

Work Experience, including equipment operated:

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# New Employee Orientation

## HEALTH AND SAFETY POLICY

Terrafirma Resources is committed to a strong safety program that protects employees, subcontractors, clients, the public, and the environment from accidental or deliberate loss caused by injuries or accident.

In fulfilling this commitment, Senior Management will provide and maintain a safe healthy work environment in accordance with industry standards and in compliance with legislative requirements. By supplying the proper equipment, procedures and training necessary to ensure the safety excellence this company expects. We will strive to eliminate any foreseeable hazards, which may result in property damage, accidents or personal injury / illness. Terrafirma Resources supports environmental sustainability and strives to conduct work a manner that is environmentally friendly.

Supervisors are responsible for identifying safety needs, communicating safety hazards, investigating hazardous conditions and enforcing safety rules. They must also ensure that all employees are properly trained, and all appropriate safety procedures are followed.

Employees and sub-contractors will share the responsibility and accountability for Terrafirma Resources health and safety performance. They must obey all safety rules, follow recommend safe work practices, wear PPE as required and actively participate in safety training, pre-job meetings and hazard assessment processes. Workers must recognize their right and responsibility to refuse unsafe work.

Our goal is to maintain an injury and accident free workplace for all. By working together in a spirit of consultation and cooperation in all parts of the program, we can achieve this goal.

I applaud all employees and sub-contractors for their past performance in safety and request their assistance ensuring that a positive "Safety Awareness" continues to be a way of life both on, and off the worksite.

This policy will be reviewed at minimal, on an annual basis.

**Employee Signature** \_\_\_\_\_



## New Employee Orientation

### COMPANY RULES

All employees, visitors and subcontractors on any TERRAFIRMA RESOURCES project or property must abide by company policies, practices, guidelines and the following rules:

- **Personal Protective Equipment** shall be worn by all employees and subcontractors in compliance with TerraFirma Resources policies and client requirements on all sites.
- **Report to your supervisor all unsafe acts and unsafe conditions.**
- **Near misses, Accidents, Incidents or Injuries, regardless of their nature,** must be promptly reported to your supervisor.
- **Perform all work using safe work practices and procedures** and comply with all applicable legislation.
- Maintain **good housekeeping** in your work area to foster a safe work environment free of hazards associated with slips, trips and falls.
- **Operate all vehicles and mobile equipment in accordance with site rules and highway legislation.** Adhere to all speed limits, provincial, company specific and site specific speed restrictions.
- Mandatory use of **seat belts in all company equipment and vehicles.**
- **All employees and subcontractors shall participate** in TerraFirma Resources hazard assessment process and pre-job safety meetings, as well as monthly safety meetings.
- **Safety glasses face shields etc. shall be worn when welding, grinding, and for other operations** which require eye protection.
- **Smoking** is permitted only in designated areas.
- Employees and subcontractors at **every level are subject to immediate termination for discrimination against fellow workers, harassment, violence, theft or vandalism of company property or disclosure of trade secrets.**
- Consuming or **being in possession of alcohol or illegal drugs on company premises or on any TerraFirma Resources Worksite is prohibited.**
- **You have the responsibility to refuse unsafe work.**

Employee Signature \_\_\_\_\_



## New Employee Orientation

### EMPLOYEE FUEL CARD ACKNOWLEDGMENT

I understand that I have been entrusted with a company fuel card. I am provided with a PIN number and I promise not to lose or give away these cards or disclose any information pertaining to these cards at any time. I will report any lost or stolen cards to the office immediately so that Terrafirma Resources can cancel the card.

**I understand that this card is specifically for fuel used for Terrafirma Resources work purposes, company vehicles and equipment only and is not authorized for personal use.** Any unauthorized charges on this card for which I am responsible could result in disciplinary action up to and including dismissal and legal action.

**I acknowledge that any unauthorized charges to this fuel account will be deducted from my next paycheck.**

**I have read and reviewed the above and agree to the purpose and protocols involved.**

Employee Signature \_\_\_\_\_



## New Employee Orientation

### TRAFFIC VIOLATION PAYROLL DEDUCTION

This agreement is between TerraFirma Resources and \_\_\_\_\_  
(print name)

**I understand that I am responsible for all traffic violations levied against me while operating TerraFirma equipment including light trucks. With this in mind, I authorize TerraFirma to deduct the total cost of any and all traffic violations via payroll deduction.**

**I have read and reviewed the above and agree to the purpose and protocols involved.**

**Employee Signature** \_\_\_\_\_



# New Employee Orientation

## SAFETY COURSE/CERTIFICATION AGREEMENT FORM

Dated \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

BETWEEN

TERRAFIRMA RESOURCES

&

\_\_\_\_\_ (Employee)

It is hereby agreed by both parties stated above, fully understand and have mutually agreed upon, the following terms and conditions of this contract:

**New employees to Terrafirma are initially responsible for the cost of safety courses but will be reimbursed once employed for a period of 6 months.**

For all other employees, the cost of the following course **will be deducted in one full payment amount from my final paycheck if I fail to attain six months of continuous employment from the training date.**

I have read and reviewed the above and agree to the purpose and the protocols involved.

**Course Titles:**

\_\_\_\_\_  
\_\_\_\_\_

Location of Training: \_\_\_\_\_

Course Costs: (Including GST) \_\_\_\_\_

**Employee Signature** \_\_\_\_\_





## New Employee Orientation

### MONITOR RESPONSIBILITIES

This agreement is between TerraFirma Resources and \_\_\_\_\_  
(print name)

I understand that I am responsible for Monitors I am using or that have been signed out by me and are in my possession. With this in mind, **I agree to properly use and maintain them.** Monitor(s) under my care that are **lost or stolen are to be reported** immediately to the safety coordinator. I understand that I may **be liable** for the cost of Monitors(s) which I was responsible **for that go missing.**

**I have read and reviewed the above and agree to the purpose and protocols involved.**

Employee Signature \_\_\_\_\_



## New Employee Orientation

### RADIO RESPONSIBILITIES

This agreement is between TerraFirma Resources and \_\_\_\_\_  
(print name)

I understand that I am responsible for Radios I am using or that have been signed out by me and are in my possession. With this in mind, **I agree to properly use and maintain them.** Radio(s) under my care that **are lost or stolen are to be reported immediately** to the safety manager. I understand that **I may be liable for the cost** of Radio(s) which I was responsible **for that go missing.**

**I have read and reviewed the above and agree to the purpose and protocols involved.**

Employee Signature \_\_\_\_\_



# New Employee Orientation

## CONFIDENTIALITY AGREEMENT

THIS AGREEMENT made as of the \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

### BETWEEN:

**846592 Alberta Ltd.** operating as **TERRAFIRMA RESOURCES**, a body incorporated under the laws of the Province of Alberta (the Employer)

OF THE FIRST PART

-and-

\_\_\_\_\_, an individual residing in or near the  
(your name)  
town/municipality of \_\_\_\_\_, in the Province of \_\_\_\_\_ (the  
Employee).

### WHEREAS:

- a. **The Employer wishes to establish an understanding** with the Employee in regard **to the confidentiality obligations which are expected and understood** to exist in respect of the continued employment by the Employer of the Employee;
- b. **It is extremely important to the Employer that the private or confidential information and affairs of the Employer be maintained in confidence.**

**NOW THEREFORE THESE PRESENTS WITNESS** that the parties hereto agree as follows:

1. The Employee will not, either during the term of his employment by the Employer or at any time thereafter, disclose or reveal in any manner whatsoever the private affairs of the Employer or any of its affiliates, 846592 Alberta Ltd. operating as Terrafirma Resources, or the respective directors or shareholders, to any other person, firm or corporation, nor will he use, directly or indirectly, any confidential information which he may acquire in respect of the Employer or its said affiliates, their respective businesses or those affiliates, unless the Employee shall be specifically ordered to do so by a Court of competent jurisdiction.
2. **Upon termination** of Employee's employment the Employee **shall deliver up to the Employer every and all documents, papers, plans, brochures, projections, discussion papers, customer list, diaries** (including any diary otherwise personal to the Employee that the Employee has created, used or maintained, in whole or in part, at any time while an Employee of the Employer), materials and other property of any nature whatsoever of or relating to the affairs of the Employer which may then be in his possession or under his control.



## New Employee Orientation

- 3. All material, devices, information or discoveries of any kind whatsoever disclosed to or developed by the Employee in the performance of his employment services are or shall

be and shall remain the property of the Employer or its affiliates. The Employee shall inform the Employer of all such materials and information and shall, upon the Employer’s request, deliver such materials and information to the Employer or its nominee.

- 4. Knowledge, information and facts as to any documents, devices or processes acquired, generated or utilized by the Employee in the course of his employment or any interpretive results of said documents, devices or information or any confidential material or any confidential information or knowledge communicated to the Employer by the Employer or its officers or directors, shall be retained by the Employee in confidence to be used only for the sole benefit of the Employer or its affiliates; provided however, the foregoing shall not apply as to any such information which is now generally known in the petroleum and natural gas industry or which later becomes generally known in the industry.
- 5. The employee **acknowledges that no, information, documents, pictures etc. pertaining to the business activities of 846592 Alberta Ltd or any of its affiliated be posted to any form of social media including but not limited to Facebook, Twitter, You tube, Instagram.**
- 6. All reasonable precautions shall be taken by the Employee and the Employer to ensure compliance with the above conditions.
- 7. The obligation to hold confidential the material and data information acquired in providing the Services shall be a continuing obligation of the Employee, and shall survive termination of this Agreement or any supplemental agreement.

**Failure to comply with any of the terms outlined in this agreement could result in immediate termination of the employee by 846592 Alberta Ltd.**

IN WITNESS WHEREOF the parties have executed these presents as of the day and year first hereinabove written.

**846592 Alberta Ltd. operating as TERRAFIRMA  
RESOURCES**

Per: \_\_\_\_\_ (print)

Per: \_\_\_\_\_ (sign)

\_\_\_\_\_  
Witness Name Print

\_\_\_\_\_  
Witness Signature



## New Employee Orientation

### DRUG & ALCOHOL POLICY

Terrafirma Resources guidelines strictly prohibits the unauthorized use, possession, storage, distribution, purchase, sale and/or offer for sale of alcohol, illegal drugs, non-prescription drugs, intoxicants or drug paraphernalia by employees, visitors and contractors on any Terrafirma Resources worksite.

Employees and Sub-Contractors should not report for work, operate a company owned or leased vehicle or otherwise engage in company business in any state of impairment that could adversely affect their ability to work safely and effectively. Any use of alcohol or non-prescribed drugs that causes or contributes to unacceptable job performance or unusual job behaviour is also prohibited.

Terrafirma Resources is committed to meeting our clients' requirements and will follow whichever policy is most stringent. As such, during your employment/work at Terrafirma Resources employees and contractors in safety sensitive positions *may* be subject to the following types of testing procedures including: Post Accident, Follow up, Reasonable Cause, Pre-access testing and Return to Duty.

One of the goals of our program is to encourage employees to voluntarily seek help with alcohol and/or drug problems. If, however, an individual violates the policy, the consequences are serious.

Employees found to be using alcohol/drugs while at work will be disciplined severely. This involves a consultation with Operations and Managers regarding disciplinary action and the possibility of rehabilitation. Supervisors having actual knowledge that the employee is under the influence of alcohol/drugs shall not permit the employee to get behind the wheel, operate any Terrafirma Resources equipment or be at work, period. In regards to visitors or contractors they will immediately be removed from the worksite. Any employee or subcontractor taking prescription medication must report that information to the manager/supervisor on site immediately.

Terrafirma Resources strives to ensure a safe and efficient working environment for its employees. We expect all employees, visitors and contractors to fully cooperate with our safety program, rules, practices, procedures and policies.

A handwritten signature in blue ink, appearing to read 'Nicole Safron', is written in a cursive style.

NICOLE SAFRON – PRESIDENT



## New Employee Orientation

### DRUG & ALCOHOL POLICY ACKNOWLEDGEMENT

Terrafirma Resources requires all workers to be fit for duty. Terrafirma will not tolerate or condone any work activities while under the influence of drugs or alcohol.

Any employee/contractor found to be under the influence while conducting work for Terrafirma will be subject to serious consequences.

I \_\_\_\_\_ agree to abide by the above Drug and Alcohol Policy and understand that I will be removed from the worksite and subject to serious consequences should I be found in non-compliance with this policy.

**Employee Signature** \_\_\_\_\_



## New Employee Orientation

### Modified Work Policy

TERRAFIRMA RESOURCES **will provide temporary modified work assignments for employees who are unable to perform their regular duties because of work related injuries or illnesses as determined by a physician** in conjunction with the applicable WCB authority.

The purpose of this policy is to **provide temporarily disabled employees the opportunity to remain in the workforce by utilizing the rehabilitative efforts of gradual re-entry to full capacity employment** and to reduce the costs of our Workers Compensation program.

A modified work assignment is any work for which the employee is qualified and which is compatible with the employee's physical restrictions or limitations resulting from a work related injury or illness.

Modified work will comply with the physician's orders and shall not be a type of work that will result in a re-injury to the worker.

If the employee feels that they are physically unable to perform the modified work assignment related to their expertise the manager or Forman shall modify their work to another field and ensure that they are properly trained to perform this task.

An employee on modified work duty shall be regularly evaluated by a physician to determine if there has been any progress in the employee's injuries or illness. The employee shall keep Terrafirma Resources posted as to their condition.

The duration of the employee on the modified work program will be determined case by case with the help of a physician's opinion.

**Employee Signature** \_\_\_\_\_



## New Employee Orientation

### WCB CLAIMS MANAGEMENT AGREEMENT

I, \_\_\_\_\_ (PRINT NAME), agree and fully understand that it is a condition of my employment with TerraFirma, that if I seek any medical aid as a result of a work related injury and/or any condition, which I believe to be a result of my employment with TerraFirma, that I hereby consent to, and authorize, the treating physician to release all medical information and records pertaining to the work related injury and/or condition to TerraFirma and/or their representatives or agents.

I understand that if I am injured, while on the job, it is my responsibility to ensure that I:

- **Notify my immediate supervisor and/or a company safety manager prior to seeking medical aid, except in cases of emergency.**
- Obtain medical aid, if required, and to notify the treating physician that TerraFirma does have a "Modified Work Program".
- Will obtain a copy of required medical information and present it to TerraFirma should the attending physician neglect to send the required medical information to TerraFirma.
- Obtain a copy of TERRAFIRMA's "Consent to Release Medical Information Form" from TERRAFIRMA's safety department, and ensure the attending physician is given this form to complete.
- Return the completed "Consent to Release Medical Information Form" to the safety manager..
- I am required to meet with the Safety Department Supervisor to discuss my return to work plans. If that includes modified work then I will be complete a "Modified Work" offer Form during this meeting.
- Prior to return to work, I understand that I will be required to be cleared by a physician and I must obtain and have the physician fill out a "Follow up Assessment Form".
- Return the completed "Follow-up Assessment Form" to the safety department.
- To participate in any modified work assigned to you provided it has been approved by the attending physician.
- To keep TerraFirma's Safety Manager informed of all medical treatment, changes in prognosis, prescriptions prescribed and any other information relative to the injury that could affect positively or negatively, my return to work plans.

**I have read and reviewed the above and agree to the purpose and the protocols involved.**

**Employee Signature** \_\_\_\_\_





# New Employee Orientation

## WORKERS RESPONSIBILITIES:

- Carry out their work in a manner that will not create a hazard to their own health and safety or the health and safety of other workers.
- Follow safe work practices and procedures.
- Assist site supervisor(s) to reduce and control unsafe conditions and acts on the work site.
- Report unsafe conditions.
- Report any near misses, incidents immediately to your supervisor.
- Report any anticipated loss of work time to their supervisor as soon as possible after being treated by a physician following injury.
- Report any illness or injury.
- Be actively involved in the Hazard Assessment process.
- Comply with rules and regulations.
- Make safety suggestions.
- Assist evaluating new and existing procedures.
- Wear proper Personal Protective Equipment (PPE).
- Be educated about the task that they are completing.
- Have the responsibility to refuse unsafe work or conditions.
- Complete all required paperwork as part of the job.
- Communicate with whatever level of supervisor is appropriate.
- Set a good example.

## POTENTIAL HAZARDS YOU MAY COME INTO CONTACT WITH WORKING FOR TERRAFIRMA:

HIGH TRAFFIC (ON PUBLIC ROADS AND WORKSITES)

TIGHT SPACES (REQUIRES SPOTTER)

PINCH POINTS

NOISE

CAVE INS – EXCAVATION

OVERHEAD POWERLINES

SLIPPING/TRIPPING/FALLS

MANUAL LIFTING/ERGONOMICS

H2S SITES

REMOTE AREAS (HAVE ERP PLANS IN PLACE)

WEATHER CONDITIONS

UNDERGROUND UTILITIES

EXPLOSION

ELECTRICAL

HIGH PRESSURE LINES

WHMIS/TDG PRODUCT

**I acknowledge that I have read and understand that I may be subjected to the above hazards.**

**Employee Signature:** \_\_\_\_\_



## New Employee Orientation

### WHMIS 2015 – Company Specific

As per the Terrafirma Resources Orientation, you learned about the purpose of WHMIS, WHMIS responsibilities, Labels, Hazard Symbols, Protecting yourself and SDS.

At Terrafirma, **all SDS's are located in the back of the safety manuals or the Unit Binders found in each unit (crew truck) or in the Job Vans. SDS's may also be found in the shops.**

SDS's are important because they tell us what is in each product, **the warnings / hazards** of a product (ie. poisonous, flammable, corrosive), **PPE requirements** as well as **First Aid measures** should you need to refer to them.

Your supervisor will discuss what to do if there is an incident (in the ERP and/or FLHA) when using WHMIS products.

At Terrafirma, you may come into contact with the following WHMIS products at a minimum:

Antifreeze	Cleaners	Windex
Battery Acid	Motor Oil	WD40
Diesel	Hydraulic Fluids	
Fire Extinguisher powder	Propane	
Gasoline	Spray 9	
Gear Oil	Spray Paint	
Grease	Transmission Fluid	

You acknowledge and understand where to find the SDS's for these products. If, while working for Terrafirma you come across products not on this list, either in the shop area or on a client site, you should contact safety immediately to ensure the SDS for that product is obtained and readily available to you.

**Employee Signature** \_\_\_\_\_



## New Employee Orientation

### Enforcement Policy

TERRAFIRMA RESOURCES enforces a three strike policy for disciplinary measures. A strike may be given for non-compliance of our TERRAFIRMA policies, rules and procedures and many also include failure to properly service equipment. The disciplinary measures will be administered including any or all of the following, depending on the seriousness of the act. All measures will be documented with a copy of the applicable reports placed in the employee's personnel file.

**Verbal warning-** A verbal warning will be given for any safety violation where the potential for injury and or property damage was great or if an employee or subcontractor fails to comply with TERRAFIRMA or OH&S regulations.

**Written warning** - A written warning will be given for any violation where a verbal warning was given but apparently ignored by the worker. A written warning will also be given for any safety violation where the potential for injury and or property damage was great.

**Suspension or Termination** - Suspension or termination will be enforced dependent on the severity of the infraction and the frequency.

**Note:** Workers, subcontractors, visitors or anyone who fails to comply with our rules will be removed from projects and properties.

*The safety information in all guidelines does not take precedence over applicable legislations and the OHS Code. All employees are responsible to become familiar with applicable legislations and code.*

**Employee Signature** \_\_\_\_\_



## New Employee Orientation

### Imminent Danger Policy

In accordance with the Occupational Health and Safety Act, Chapter 35, “existence of Imminent Danger relates to a danger that is not normal to that occupation or a danger under which a person engaged in that occupation would not normally carry out the person’s work.”

This section states that, no worker shall:

- Carry out any work if, on reasonable and probable grounds, the worker believes that an imminent danger exists to the health or safety of that worker,
- Carry out any work if, on reasonable and probable grounds, the worker believes that it will cause to exist, imminent danger to the health or safety of that worker or another worker present at the work site, or
- Operate any tool, appliance or equipment if, on and probable grounds, the worker believes that it will cause to exist an imminent danger to the health or safety of that worker present at the worksite.

Should a TERRAFIRMA RESOURCES worker refuse to carry out work, Management is to be contacted immediately with the reason(s) for the worker’s refusal. TERRAFIRMA RESOURCES will then investigate and take action to eliminate the imminent danger. No worker will be assigned to use or operate a tool, appliance or equipment or to perform work which a worker has made notification that imminent danger exists. Management will prepare a written record of the worker’s notification, the investigation and action taken.

While no disciplinary action will be taken against a worker for acting in compliance with the Imminent Danger Act, the worker may be asked to stay on the work site where practical but be assigned temporarily to other work assignments that the worker is capable of performing.

**Workers have the responsibility to refuse unsafe work.**

**Employee Signature** \_\_\_\_\_



## New Employee Orientation

### Working Alone Policy

Working alone in certain circumstances or environments may be unsafe and requires special arrangements to minimize potential hazards. The OHS Code states that “a worker is considered to be working alone if the worker works by himself or herself at a worksite in circumstances where assistance is not readily available when needed.”

*Readily available* must take into consideration three assessment factors, including: awareness, willingness and timeliness. As such, the safety measures and working alone procedures contained in this policy may still apply when a Terrafirma employee is working alone, but with people from another employer or the general public.

Should a work alone situation arise, the safety **measures to be taken by management in cooperation with employees include:**

- A Hazard Assessment is to be conducted to **identify existing or potential safety hazards** in the workplace associated with working alone.
- **Safety controls to be implemented**, as identified during the Hazard Assessment, to eliminate or reduce the risk to workers.
- Ensuring workers have an **effective way of communicating** with Terrafirma Management, Supervisors or the Head Office in case of an emergency situation. This communication system includes the use of cell phones. The frequency of the call-in system will be determined during the Hazard Assessment and will be dependent on the severity of hazards on the worksite. The following communications systems may include but are not limited to:
  - At a worksite involving minimal hazards, the worker will be required to check in with Management upon arrival to the site and also when the job is completed.
  - When a more hazardous work situation is present, the worker will be required to periodically call in at pre-determined intervals to Head Office or Management. Alternately, Management may perform frequent visits to the site where practical.
  - Where effective electronic communication is not available, Management or Safety Personnel will check in with the worker by visiting the worksite periodically as discussed during the pre-job planning phase.

**Workers required to work alone will be properly trained and possess all relevant tickets in relation to the job being performed. They will have cellular phones and be aware of the Emergency Response Plan for that particular jobsite, as is discussed during the Hazard Assessment and pre-job planning phase.**

Terrafirma recognizes the importance of providing a safe and secure work environment.

**Employee Signature** \_\_\_\_\_



## New Employee Orientation

### Violence and Harassment Policy

Terrafirma **will not tolerate any type of workplace harassment or violence and will make every effort to prevent violent incidents from occurring.** OHS defines harassment as any objectionable conduct, comment or display by a person that:

- Is directed at a worker;
- Is made on the basis of race, creed, religion, colour, sex, sexual orientation, marital status, family status, disability, physical size or weight, age, nationality, ancestry, or place of origin; and
- Constitutes a threat to the health and safety of the worker.

Terrafirma considers workplace violence a hazard for the purposes of Hazard Assessment, Elimination, and Control. Terrafirma implements a Workplace Violence Prevention Program. We will provide adequate authority and resources to assist in delivering this program.

Any employee or subcontractor's employee who feels that s/he has been the subject of harassment or violence in the workplace is encouraged to contact his/her supervisor without fear of retaliatory, disciplinary, or negative career action. Terrafirma shall ensure that all harassment complaints are investigated confidentially and discreetly.

This policy does not limit or prohibit the right of any employee to pursue any external action. Victims of workplace violence are advised to consult a health professional. All employees and subcontractors are advised of this policy during initial orientation and as required.

The safety information in all guidelines does not take precedence over applicable legislations and the OHS Code. All employees are responsible to become familiar with applicable legislations and code.

**Employee Signature**\_\_\_\_\_



# New Employee Orientation

## HEALTH AND SAFETY ORIENTATION QUIZ

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Working safely is a condition of employment? a. True \_\_\_\_\_ b. False \_\_\_\_\_
2. I have the responsibility to refuse any task that I feel unsafe to complete?  
a. True \_\_\_\_\_ b. False \_\_\_\_\_
3. All injuries and incidents, regardless of how minor, must be reported immediately to your foreman or supervisor? a. True \_\_\_\_\_ b. False \_\_\_\_\_
4. Personal Protective Equipment including; hard hat, steel toed boots, fire proof coveralls, safety glasses and work gloves should be worn:
  - a. When someone asks me to
  - b. If I remember to bring it
  - c. PPE must be worn on all Terrafirma Resources worksites
  - d. Only if I see someone else wear it
5. Housekeeping is not my responsibility? a. True \_\_\_\_\_ b. False \_\_\_\_\_
6. Name two of Terrafirma Resources Company rules:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
7. On a worksite horseplay and teasing are acceptable? a. True \_\_\_\_\_ b. False \_\_\_\_\_
8. I am not required to participate in toolbox safety meetings or scheduled monthly safety meetings?  
a. True \_\_\_\_\_ b. False \_\_\_\_\_
9. I can smoke wherever I like? a. True \_\_\_\_\_ b. False \_\_\_\_\_
10. Name a location you could find the SDS for a WHMIS regulated product you may be working with.  
\_\_\_\_\_
11. Hazard identification and control is important to maintain a safe work environment?  
a. True \_\_\_\_\_ b. False \_\_\_\_\_

Employee Signature \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_



## New Employee Orientation

### ACKNOWLEDGEMENT OF POLICIES & ORIENTATION COMPLETION

I have participated in and completed the Employee Orientation for TerraFirma Resources Ltd, including all topics listed in the above checklist.

**I understand my responsibilities and requirements** as an employee of this company and will abide by the rules, policies and procedures enforced by TerraFirma Resources.

I further agree that on all TerraFirma Worksites **I will wear basic PPE** including:

- flame resistant coveralls with reflective striping
- work boots
- hard hat (**side impact CSA – Class E**)
- safety glasses
- work gloves
- hearing protection (where required)

I agree that the PPE to be worn will be in compliance with the OHS Code and TerraFirma Company policy and that it will be suitable for the task being performed.

I also agree that **I will not wear hoodies on any of TAQA NORTH worksites.**

TerraFirma Resources requires **all workers to be fit for duty.** TerraFirma will not tolerate or condone any work activities while under the influence of drugs or alcohol. If you are taking prescription medication, you are required to report this to your supervisor immediately.

Any employee found to be in **non-compliance with the drug and alcohol policy will be subject to serious consequences.** By signing below, you agree to abide by this policy.

Should I have any questions or concerns I am aware that TerraFirma Resources has an open door policy and I may approach management with any such concerns.

**If I am asked to perform a task and I do not understand what is being asked of me, I will STOP and ask questions. I will not perform a task unless I feel confident that I am qualified to do so and understand how to complete the task.**

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_





## New Employee Orientation

### Employee Orientation Check List

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

TOPIC	Check ✓
<b>ADMINISTRATION</b>	
Employee Information	
Consent for Drivers Abstract	
Electronic Deposit Form	
Safety Ticket Inventory	
Tax Forms Signed (TD1 & TD1AB)	
Drug & Alcohol Policy signed	
WHMIS – company specific information (WHMIS 2015)	
Orientation Acknowledgement Signed	
Quiz completed	
<b>COMPUTER BASED TRAINING</b>	
eGSO	
Fortis Power Line Video	
Pembina Orientation	
Peyto Orientation	
<b>TERRAFIRMA SPECIFIC TRAINING VIDEO</b>	
Health, Safety & Environmental Policy 1.1	
Responsibilities 1.4	
Company Rules 1.5	
Enforcement Policy 1.6	
Drug & Alcohol Policy 1.7	
Imminent Danger Policy 1.8	
Modified Work Policy 1.9	
Violence & Harassment Policy 10.26	
Work Alone Policy 10.27	
Hazard Assessment Completion – Recognition, Reporting & Controls 2.0	
Pre-Trip Inspection 4.2	
Logs/Hours of Service Training 10.25	
Equipment Maintenance Requirements 4.0	
Site Specific Emergency Response Procedures 6.0	
Near Miss/Accident/Incident Reporting 5.0	
PPE Policy	
Safe Approach Limits Policy	
SWP & SJP	



## New Employee Orientation

SHOP TOUR	
First Aid / Fire Extinguisher locations	
MSDS locations	
ON THE JOB TRAINING	
Discuss Job Training Plan	
Supervisor Observation/ Competency Assessment	
ERP Plan & Muster Area	
Restricted Areas	

### Sign off on completed Orientation:

I agree that all the above topics were covered and the orientation was completed in full.

Employee Name \_\_\_\_\_

Signature of Employee \_\_\_\_\_

Name of Trainer \_\_\_\_\_

Signature of Trainer \_\_\_\_\_

## COLLECT YOUR CHEQUE THE HASSLE FREE WAY.

With our new Direct Deposit option, your cheque is automatically deposited in your account at the bank of your choice or any other qualifying financial institution on its due date.

You don't have to open a special account either – our existing chequing or savings accounts are just fine.

- **Save Time and Money:**  
Forget about making trips to the bank,
  
- **Save Worry:**  
Forget about having to make deposits to balance your account – deposits are credited automatically.

### How Do You Join?

- Complete and sign the enrolment/authorization form below.
- Attach your personal blank cheque marked "VOID", or a fully encoded deposit slip from your bank account.
- Return the enrolment/authorization form with your void cheque or deposit slip to my attention:

<Insert name and address to return to >

Cut here.

### Direct Deposit Authorization

Name : \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**YES!** Please process my  
Cheque directly to  
My account.

I (We) hereby authorize \_\_\_\_\_ to direct deposit  
Company Namedirectly to my (our) account as noted on the attached cheque/deposit form, beginning  
\_\_\_\_\_. This authorization will be in force until notice in writing is given  
Date Effectiveto stop the direct deposit.

Bank No.

Branch No.

Account No.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date:



# 2019 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.

Last name		First name and initial(s)		Date of birth (YYYY/MM/DD)		Employee number		
Address			Postal code		For non-residents only – Country of permanent residence		Social insurance number	

<p><b>1. Basic personal amount</b> – Every resident of Canada can claim this amount. If you will have more than one employer or payer at the same time in 2019, see "More than one employer or payer at the same time" on page 2. If you are a non-resident, see "Non-residents" on page 2.</p>	<b>12,069</b>
<p><b>2. Canada caregiver amount for infirm children under age 18</b> – Either parent (but not both), may claim \$2,230 for each infirm child born in 2002 or later, that resides with both parents throughout the year. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for that same child who is under age 18.</p>	
<p><b>3. Age amount</b> – If you will be 65 or older on December 31, 2019, and your net income for the year from all sources will be \$37,790 or less, enter \$7,494. If your net income for the year will be between \$37,790 and \$87,750 and you want to calculate a partial claim, get Form TD1-WS, Worksheet for the 2019 Personal Tax Credits Return, and fill in the appropriate section.</p>	
<p><b>4. Pension income amount</b> – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$2,000 or your estimated annual pension income, whichever is less.</p>	
<p><b>5. Tuition (full time and part time)</b> – If you are a student enrolled at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees, fill in this section. If you are enrolled full time or part time, enter the total of the tuition fees you will pay.</p>	
<p><b>6. Disability amount</b> – If you will claim the disability amount on your income tax return by using Form T2201, Disability Tax Credit Certificate, enter \$8,416.</p>	
<p><b>7. Spouse or common-law partner amount</b> – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be less than \$12,069 (\$14,299 if he or she is <b>infirm</b>), enter the difference between this amount and his or her estimated net income for the year. If his or her net income for the year will be \$12,069 or more (\$14,299 or more if he or she is <b>infirm</b>), you cannot claim this amount. In all cases, if his or her net income for the year will be \$23,906 or less <b>and</b> he or she is <b>infirm</b>, go to line 9.</p>	
<p><b>8. Amount for an eligible dependant</b> – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be less than \$12,069 (\$14,299 if he or she is <b>infirm</b> and you <b>cannot claim the Canada caregiver amount for children under age 18 for this dependant</b>), enter the difference between this amount and his or her estimated net income. If his or her net income for the year will be \$12,069 or more (\$14,299 or more if he or she is <b>infirm</b>), you cannot claim this amount. In all cases, if his or her net income for the year will be \$23,906 or less <b>and</b> he or she is <b>infirm and is age 18 or older</b>, go to line 9.</p>	
<p><b>9. Canada caregiver amount for eligible dependant or spouse or common-law partner</b> – If, at any time in the year, you support an <b>infirm</b> eligible dependant (aged 18 or older) <b>or</b> an <b>infirm</b> spouse or common-law partner whose net income for the year will be \$23,906 or less, get Form TD1-WS and fill in the appropriate section.</p>	
<p><b>10. Canada caregiver amount for dependant(s) age 18 or older</b> – If, at any time in the year, you support an <b>infirm</b> dependant age 18 or older (<b>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 his or her net income were under \$14,299</b>) whose net income for the year will be \$16,766 or less, enter \$7,140. If his or her net income for the year will be between \$16,766 and \$23,906 and you want to calculate a partial claim, get Form TD1-WS and fill in the appropriate section. You can claim this amount for more than one infirm dependant age 18 or older. If you are sharing this amount with another caregiver who supports the same dependant, get the Form TD1-WS and fill in the appropriate section.</p>	
<p><b>11. Amounts transferred from your spouse or common-law partner</b> – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition amount, or disability amount on his or her income tax return, enter the unused amount.</p>	
<p><b>12. Amounts transferred from a dependant</b> – If your dependant will not use all of his or her <b>disability amount</b> on his or her income tax 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 his or her <b>tuition amount</b> on his or her income tax return, enter the unused amount.</p>	
<p><b>13. TOTAL CLAIM AMOUNT</b> – Add lines 1 to 12. Your employer or payer will use this amount to determine the amount of your tax deductions.</p>	

**Filling out Form TD1**

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

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

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

If you do not fill out Form TD1, 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 TD1 for 2019, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1, **check** this box, enter "0" on line 13 and do not fill in lines 2 to 12.

**Total income less than total claim amount**

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

**Non-residents (Only fill in if you are a non-resident of Canada.)**

As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2019?

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

If you are unsure of your residency status, call the international tax and non-resident enquiries line at **1-800-959-8281**.

**Provincial or territorial personal tax credits return**

If your claim amount on line 13 is more than \$12,069, you also have to fill out a provincial or territorial TD1 form. If you are an employee, use the Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of residence. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

If you are claiming the basic personal amount **only** (your claim amount on line 13 is \$12,069), your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.

**Note:** If you are a Saskatchewan resident supporting children under 18 at any time during 2019, you may be able to claim the child amount on Form TD1SK, 2019 Saskatchewan Personal Tax Credits Return. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

**Deduction for living in a prescribed zone**

If you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2019, you can claim any of the following:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

\$

Employees living in a prescribed **intermediate** zone can claim 50% of the total of the above amounts.

For more information, go to [canada.ca/taxes-northern-residents](http://canada.ca/taxes-northern-residents).

**Additional tax to be deducted**

You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, fill out a new Form TD1.

\$

**Reduction in tax deductions**

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

Personal information is collected under the Income Tax Act to administer tax, benefits, and related programs. It may also be used for any purpose related to the enforcement of the Act such as audit, compliance and collection activities. It may be shared or verified with other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. The social insurance number is collected under section 237 of the Act and is used for identification purposes. Under the Privacy Act, individuals have the right to access, or request 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 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 \_\_\_\_\_

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

Date \_\_\_\_\_

YYYY/MM/DD

**Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.**  
Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	<b>For non-residents only</b> – Country of permanent residence	Social insurance number

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**1. Basic personal amount** – Every person employed in Alberta and every pensioner residing in Alberta can claim this amount. If you will have more than one employer or payer at the same time in 2019, see "More than one employer or payer at the same time" on page 2.

**19,369**

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**2. Age amount** – If you will be 65 or older on December 31, 2019, and your net income from all sources will be \$40,179 or less, enter \$5,397. If your net income for the year will be between \$40,179 and \$76,159 and you want to calculate a partial claim, get Form TD1AB-WS, Worksheet for the 2019 Alberta Personal Tax Credits Return, and fill in the appropriate section.

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**3. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,491, or your estimated annual pension income, whichever is less.

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**4. Tuition and education amounts (full time and part time)** – If you are a student enrolled 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, fill in this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$753 for each month that you will be enrolled. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$226 for each month that you will be enrolled part time.

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**5. Disability amount** – If you will claim the disability amount on your income tax return by using Form T2201, Disability Tax Credit Certificate, enter \$14,940.

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**6. Spouse or common-law partner amount** – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be less than \$19,369, enter the difference between \$19,369 and his or her estimated net income. If his or her net income for the year will be \$19,369 or more, you cannot claim this amount.

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**7. Amount for an eligible dependant** – If you do not have a spouse or common-law partner and you support a dependant relative who lives with you and whose net income for the year will be less than \$19,369, enter the difference between \$19,369 and his or her estimated net income. If his or her net income for the year will be \$19,369 or more, you cannot claim this amount.

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**8. Caregiver amount** – If you are taking care of a dependant who lives with you, whose net income for the year will be \$17,826 or less, and who is either your or your spouse's or common-law partner's:

- parent or grandparent (aged 65 or older)
- relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$11,212

If the dependant's net income for the year will be between \$17,826 and \$29,038 and you want to calculate a partial claim, get Form TD1AB-WS and fill in the appropriate section.

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**9. Amount for infirm dependants age 18 or older** – If you are supporting an infirm dependant aged 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$7,407 or less, enter \$11,212. You cannot claim an amount for a dependant you claimed on line 8. If the dependant's net income for the year will be between \$7,407 and \$18,619 and you want to calculate a partial claim, get Form TD1AB-WS and fill in the appropriate section.

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**10. Amounts transferred from your spouse or common-law partner** – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition and education amounts, or disability amount on his or her income tax return, enter the unused amount.

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**11. Amounts transferred from a dependant** – If your dependant will not use all of his or her **disability amount** on his or her income tax 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 his or her **tuition and education amounts** on his or her income tax return, enter the unused amount.

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**12. TOTAL CLAIM AMOUNT** – Add lines 1 to 11.  
Your employer or payer will use your claim amount to determine the amount of your provincial tax deductions.

**Filling out Form TD1AB**

Fill out this form **only** if you are an employee working in Alberta or a pensioner residing in Alberta and any of the following apply:

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

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

If you do not fill out Form TD1AB, 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 TD1AB for 2019, 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 TD1AB, **check** this box, enter "0" on line 12 and do not fill in lines 2 to 11.

**Total income less than total claim amount**

Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 12. Your employer or payer will not deduct tax from your earnings.

**Additional tax to be deducted**

If you wish to have more tax deducted, fill in "Additional tax to be deducted" on the federal Form TD1.

**Reduction in tax deductions**

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

**Forms and publications**

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

Personal information is collected under the Income Tax Act to administer tax, benefits, and related programs. It may also be used for any purpose related to the enforcement of the Act such as audit, compliance and collection activities. It may be shared or verified with other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. The social insurance number is collected under section 237 of the Act and is used for identification purposes. Under the Privacy Act, individuals have the right to access, or request 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 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.**