

HUMAN RESOURCES MANUAL

NOVEMBER 29



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Role of the RMSPD/HR Advisor

Role & Responsibilities of the RMSPD in Human Resources

The role of the RMSPD in Human Resources is primarily to provide supervision for the HR Advisor. They will provide direction to the HR Advisor in their daily operation. As Risk Manager, they are responsible for ensuring the health and safety of employees on a daily basis.

The responsibilities of the Risk Management and Strategic Director are as follows:

- To be accessible to the HR Advisor on a daily basis in order to keep the lines of communication open—in person, by phone, or by email.
- In acting within a supervisory capacity, they will have full access to all employee files and HR documents
- To complete annual performance appraisals
- To provide guidance, direction and mentorship
- To provide educational services to improve strategic/operational planning, such as issuing out training and professional development to employees
- To report to Chief and Council on submissions for recruitment (Memorandum) and any other briefing note that stems from the Human Resources Department
- To have an understanding of relevant legislation
- As Risk Manager, they will know the relevant Occupational Health and Safety Act, the Canada Labour Code for Health and Safety, and other legislation related to the field of Health and Safety

Role & Responsibilities of the HR Advisor

The role of the HR Advisor is to provide administrative support to the Risk Manager and Strategic Planning Director and other Manager/Directors. They will provide advice and guidance to the RMSPD, Managers and employees. They are responsible for ensuring the contents of the Human Resources office are secure at all times, under lock and key upon leaving the building at night.

The responsibilities of the Human Resources Advisor are as follows:

- To be accessible to the RMSPD on a daily basis in order to keep the lines of communication open; it may be in person, by phone or email
- The HR Advisor will not make any decisions without consulting the Risk Manager and Strategic Planning Director; this does not include day-to-day decisions regarding such processes as filing, recruitment, or any other type of processes that have been laid out
- The HR Advisor will provide advice to Managers on legislative compliance
- The HR Advisor will ensure that any documents submitted for signature is accurate as Managers/Directors rely on the HR Advisor to provide well-researched documents
- The HR Advisor will keep the door open to all employees in the organization in the event of crisis, concerns, or advice
- The HR Advisor will comply with decisions made by the Risk Manager and Strategic Director, and if they are away, the Director of Operations
- The HR Advisor will comply with decisions made by Chief and Council as communicated by the Risk Manager and Strategic Planning Director

- The HR Advisor will continue their growth in the field of Human Resources, e.g. researching legislation as it pertains to employment

Recruitment and Selection

Recruitment

1. *The Notification*
2. *The Job Description*
3. *The Job Posting*
4. *Screening*

Selection

5. *The Interview*
6. *Post-Interview*
7. *Closing the File*
8. *Archiving*
9. *The Blue Recruitment File Folder*

The Notification

This could come in the form of an email or a spoken request from a department manager that an employee has retired, quit, transferred or is taking a leave for an extended length of time. It could also be a new position needed in a department.

In following up with the request, the HR Advisor will consider the following two situations:

- For filling an existing position, there is no need to develop or get the job description approved by Chief and Council
- For new positions, the job description must be approved by Chief and Council

The Job Description

Preparation of the Job Description (*template on appendix page 1*)

- The HR Advisor may work with the Department Manager/Director in researching Key Job Functions and Minimum Qualifications. After the Manager/Director completes his/her final draft, the HR Advisor will format the job description for approval by Chief and Council. It is the responsibility of the Manager/Director to prepare the briefing note and attach the Job Description.
- In some cases, the HR advisor will complete the entire Job Description and send it for review to the Manager/Director. When accepted, the Manager/Director will proceed with the BN to Chief and Council.
- In other cases, the Manager/Director may complete the Job Description on their own and complete the submission to Chief and Council.

- **Chief and Council Results:**
- The Chief and Council secretary will PDF the approved Job Description via email. At this point, the [Job Posting](#) can be done

The Job Posting

Preparation of the Job Posting ([appendix page II](#)):

Once the Human Resources Department receive the job description, the HR Advisor will begin to design the job posting keeping these elements in mind:

- **The Header**
 - Position
 - Accountability
 - Circulation Level
 - Employment Status
 - Hours of Work
 - Preferences
 - Tentative Start Date
- **The Body**
 - Key Job Functions
 - Minimum Qualifications such as Education/Experience, Other Qualifications, Knowledge, Skills, Personal Attributes
 - To Apply Section with pertinent information to candidate
 - Deadline

Key Considerations

Circulation Levels:

The Manager/Director determines what the circulation level would be:

- Level I: “Mississauga First Nation Members” on Job Posting but not restricted to only Band Members
 - MFN webpage
 - Education Department
 - MFN Flyer
 - MFN job boards
- Level II: All First Nation, Metis and Inuit – “Those of Aboriginal Descent” on Job Posting but not restricted to only those of Aboriginal Descent
 - Circulation list I
 - North Shore Tribal Council webpage
 - All member Nations of the North Shore Tribal Council
 - Ron Manitowabi <ron_manitowabi@msn.com>; <toulouse_danielle@sagamok.ca>; Vince Nolan (vno-lan@nog.ca); Rochelle Debassige (rochelled@mchigeeng.ca); mmiller@wfn.com
 - Other local Native agencies and organizations
 - info@anishinabek.ca

- Leeann.Blondeau@saultcollege.ca
 - autumn.maguire@collegeboreal.ca
- Level III: General Public – Anyone can apply
 - Circulation list I and II
 - Sault Star, the Standard and Sudbury Star
 - Colleges and Universities
 - Any other public advertisements; for example,
 - Job Bank
 - Indeed.ca

Level III Circulation Level

Job Ad – Posting with SUN MEDIA Division of Postmedia

For **Level III** Job Postings, the Manager may request to post with a local newspaper or newspapers such as the Sault/Sudbury Star. If this is the case, the contact person with SUN MEDIA Division of Postmedia is Rich Buscemi, at 1-855-925-8705 Ext. 8002, or email rich.buscemi@sunmedia.ca

Setting up the Job Ad

- The HR Advisor will prepare a smaller version of the job posting with only critical information included as the cost of the job ad increases with its size. The job ad in its new format will be emailed to the Manager/Director for approval. The closing date and the dates for the job ad is determined at this time as well
- Email Approved Job Ad to SUN MEDIA for a quote, providing information on dates on which the job ad will be placed in the newspapers. Once the quote is received, forward information to the Manager/Director

When it appears that the Manager/Director is satisfied with the changes and the quote, email the final draft to Rich Buscemi. Retain copy of edited version and new version (from Rich Buscemi) for tracking purposes; either electronically or hardcopy

Setting up Payment

- Email the Manager for an Account Code. Attach the approved Job Ad and Identify the PO # to be used as part of the Confirmation.
- Prepare a Purchase Order for the approval of the Program Manager/Director. Attach a copy of the approved Job Ad Quote with the Purchase Order. Forward it to the Program Manager/Director for their signature.
- Scan or fax a copy of the Purchase Order to SUN MEDIA Division of Postmedia.
- Prepare a Cheque Requisition ([template on page III](#)) with the date, the cheque payable to, the program to which the account is being charged, the purpose of the cheque, and the cheque amount on the header portion. The body of the cheque requisition must have the account code, the account amount and the invoice number of the job ad, located on the quote. Give the cheque requisition to the Manager/Director for their signature.
- Make a copy of the approved Cheque Requisition and Job Ad for the Recruitment File.

- Forward to original to the Finance Department for processing. Have the Finance department send the payment directly to:
SUN MEDIA Postmedia Network Inc.
 PO Box 7400
 London, Ontario N5Y 4X3
 Tel: 800-463-0626 Fax: 519-471-1892
- Retain copies of all emails with the Recruitment File Folder
- To ensure the Job Ad is posted, view the Job Posting online to confirm the newspaper has issued the dates for posting such as
 - Sault Star Print
 - Sault Star Canoe Online
 - Sudbury Star Print
 - Sudbury Star Canoe Online
 - Elliot Lake Standard
- Elliot Lake Standard Canoe Online

The Manager/Director determines what the **Employment Status** should be:

- Full-time – Two Year Contract with possible extension
- Part-time – Two Year Contract with possible extension
- Term (includes Niigaaniin Placements)
- Relief
- Labour Services Permanent
- Summer Student Placement
- Acting positions

The Manager/Director determines what the **Hours of Work** should be:

- 40 hours per week as in the Women’s Shelter
- 34.5 hours per week as in the Day Care and Infrastructure
- 32 hours per week as in the various departments such as Administration, Education, Sport’s Complex, and Health and Social Services
- Variable hours not exceeding 80 hours in any pay period

The Manager/Director determines what the **Preferences** should be:

- Must be a Mississauga First Nation band member (Level I usually)
- Must be a Person of Aboriginal Descent

The Manager/Director determines when the **Starting Date** of the candidate will be:

- Determination of starting date is dependent on when Chief and Council meets and is usually on the following Monday

The Body

The body of the job posting has almost the same elements as the approved Job Description. At the end of the job posting is an excerpt that contains information as to whom and where to send the application, followed by the closing date.

Screening

Screening is a three-stage process: the preparation of screening, beginning with the recruitment and selection checklist; the screening itself; and preparation for the ensuing interview.

The Manager and the HR advisor will determine the timelines for screening and interviewing. The advisor will use his/her calendar to record the first date (after the closing date) on which all members of the hiring committee will be able to complete the blind screening, usually the following Monday or Tuesday. It is common to get another hiring committee member to take the place of another member who bowed out because of an unforeseen event. Once the date has been set for the screening, a date will be then be determined for the interview, usually one week afterwards.

Preparation for Screening

The HR Advisor will use the Recruitment and Selection Checklist as a guide so that the process runs smoothly. The following are the necessary parts for successful screening of candidates:

Stage One: Preparation

- Recruitment and Selection Checklist ([see template page IV](#))
- Choosing the Hiring Committee
- Applications and Thank You Email
- The Conflict of Interest Form ([see template page V](#))
- Blind Screening Preparation
- Developing the Screening Tool
- Developing the Screening/Interviewing Tally Tool

Stage Two: Screening- one (1) week in advance of interviews

- The Closing Date of the Job Posting
- Blind Screening Package:
 - Conflict of Interest signature sheet (if not given via email)
 - Oath of Confidentiality ([see template page VI](#))
 - The Screening Tool ([see template page VII](#))
 - Blind Résumés and Cover Letters (usually only one copy)
 - The Screening/Interview Tally Sheet (HR Advisor) ([see template page VIII](#))
- The Decision to Interview

Stage Three: Preparing for the Interview

- Script for Arranging Interviews ([see template page IX](#))
- Interview Confirmation Email ([see template page X](#))
- Employment Reference Release Form (prior to interviews) ([see template page XI](#))
- Booking the Activity Room or Council Chambers

Stage One: Preparation

The Recruitment and Selection Checklist

This is a form showing the posting name and the closing date. It outlines the steps for Screening, Interviewing and the Post-Interview process.

Choosing the Hiring Committee

- The Manager, who has determined a vacant position needs to be filled, will work with the Human Resources Advisor in selecting members for the hiring committee.
- The purpose of the hiring committee is to provide an unbiased opinion on candidates' applications.
- The hiring committee must consist of four members: the manager with the vacancy, the HR Advisor, an employee, and one Council member.

There are two exceptions to this:

- In the case of Management positions, the hiring committee shall be comprised of four members that include one Council member, the Senior Manager with the vacancy, another manager and one individual trained in screening.
- In the case of the Director of Operations and the Director of Risk Management and Strategic Planning Director, the hiring committee will be comprised of three council members that may include the Chief, and either the Director of Operations and/or Risk Management & Strategic Planning Director. The HR Advisor will assist at the interview.

Applications and Thank you Email

The HR Advisor will accept applications received before the closing date. They will date stamp those that are received via inbox or handed in in-person by the individual. For those sent by email, they will reply with a thank you email to the candidate. This is proof that they have let the candidate know they received the résumé and cover letter. The HR Advisor will print the documents as well as the thank you email and place both in the recruitment folder.

The Conflict of Interest Form

The conflict of interest form should be emailed out prior to the actual screening date so each hiring committee member has a chance to decline their participation if they are closely related to or otherwise biased for the screening and interview. At times, if the hiring process is tight because of scheduling, it may be that the conflict of interest form is submitted on the day of the screening. This is only advisable if there is a probable chance that the applicants are not from Mississauga First Nation and therefore not known to the hiring committee.

Blind Screening Preparation

This is a process whereby the résumés and cover letters are photocopied. The photocopies will have the name of the applicant and any other information that identifies the applicant removed. The HR Advisor will ensure that all the résumés and cover letters are prepared this way.

Developing the Screening Tool

This form outlines the requirements of the job, taken nearly verbatim from the job posting, upon which the applicant is basing their résumé and cover letter.

The screening tool form contains the title and date of the position. The excel sheet lists the requirements with headers, e.g.:

- Minimum Education
- Minimum Experience
- Knowledge
- Special Skills
- Attributes
- Administration (which does not have a score)
- A box that has the screening panel member, the signature line and the date of the screening

The final score on the screening tool depends upon how well the candidates' applications match the requirements of the job.

The Screening and Interview Tally Sheet

The screening and interview tally tool is a two-section sheet used to tally the scores from each of the four screening tools. After totaling a sum from the list of numbers, divide it by four to get an individual score. Finally, divide the individual score by the total score to get a percentage.

The hiring committee must interview two-thirds of the candidates only if the scores are above 50%. At times, there are exceptions to this rule: there may be only two candidates; there may be a faulty screening tool; there may be a technical specific position and so there may be some leeway and so forth. The bottom line is that the hiring committee must make a sound decision based on known facts on who to interview or re-post.

Stage Two: Screening

The Closing Date

When the closing date has arrived, the whole process begins to take shape. The HR Advisor will create the blind screening package.

It may happen that one of the hiring committee members is for some reason unable to perform the screening on that day. The HR Advisor will seek out a second person to complete only this portion. That person must also sign the Oath of Confidentiality and the Conflict of Interest Memo.

The Blind Screening Package for the Hiring Committee

The Oath of Confidentiality Form

The hiring committee must sign this form prior to screening. This ensures that the Hiring Committee member will not divulge any kind of information (who is being interviewed, scores of the candidates, interview questions, and so forth).

The Conflict of Interest Memo

All members of the hiring committee must sign and date, or acknowledge it through email.

The Screening Tool

All members of the Hiring Committee must sign and date the screening tool.

The Blind Résumés and Cover Letters

Depending on the situation, there may be additional copies made of the blind résumés and cover letters. However, this practice should be discouraged if possible. It may be advisable only if it is urgent that the scores be available as soon as possible.

The Screening/Interview Tally Sheet

The HR Advisor will record the scores from each of the screening tools.

The Decision to Interview

When the screening is over, the HR Advisor will do one of three things:

- a) Compile the scores and arrange for a meeting with all four hiring committee members to make a decision as a whole.
- b) Compile the scores and email a list of candidates with their designated letter (A, B, C,) and the score. A decision will be made via email and phone communication.
- c) When the position is highly technical, compile the results and speak with the manager. The information is still sent out to all the hiring committee members, as there is a need for consensus.

Stage Three: Preparing for the Interview

The Script for Arranging Interviews

It can be helpful if the HR Advisor uses a script for arranging interviews, so that all the candidates receive the same information.

Interview Confirmation Email

All candidates should receive an interview confirmation email. Please see the excerpt with the appropriate changes in the Recruitment.

Employment Reference Release Form *(see template page XI):*

This standard form accompanies the Interview Confirmation Email. The candidate has a choice of emailing their signed copy or bringing it to the interview. The HR Advisor always puts extra copies in their recruitment file in case the interviewee does not follow through the process.

Booking the Interview Room

When screening takes place and the Hiring Committee chooses to meet as a group, the HR Advisor may book the Activity Room or the Council Chambers. However, where there is an interview, a room must definitely be booked. The procedure for booking a room is:

- Open Outlook
- Click new items at top left hand corner
- Select meeting

- In the TO: invite who you want to attend e.g. manager and Activity Room or Chief and Council Chambers
- Under Subject: put your name here and the account number, the cost will be coming from indicate what the meeting is for i.e. screening or interview
- Under location, go to the right and click Rooms
- There are several venues available
- Double click on your choice, click ok. This will show up in 2 locations now, on the TO and Location lines
- Click send
- Besides going to your invitees, an email is sent to the person who approves requests for the different rooms. Once approved (or denied), an email will be sent back to the HR Advisor.

The Interview

The next phase of the recruitment and selection process is the interview. If there is careful planning, this phase should go without a hitch. The scores by each candidate are entered upon the Memorandum to Chief and Council. The key components of the interview process are the following documents:

- The Interview Questionnaire ([sample on page XII](#))
- Schedule of the Interview ([template on page XIV](#))
- The Chairperson’s Script ([template on page XV](#))
- The Screening/Interview Tally Sheet ([template on page VIII](#))
- Employment Reference Release Form(s) ([sample on page XI](#)) – extra copies
- The Memorandum to Chief and Council ([template on page XVI](#))

The Interview Questionnaire

This tool measures how well a candidate is able to answer questions related to the job position. The questions should be drafted keeping the seniority and/or complexity of the position in mind; for example, senior management will have higher order type questions that test their ability to manage, supervise, and lead employees as well as knowledge and experience. For other positions, such as non-managerial, there may be more attribute and experience based questions. The complexity and number of questions will determine the length of the interview.

Schedule of the Interview

The schedule helps guide the interviewer on who is next on the list for an interview. This is helpful when there are three or more candidates.

The Chairperson’s Script

The HR Advisor will have advised the candidate to wait in the reception area of the Administration wing. Once the hiring committee is settled in, the HR Advisor will get the candidate and bring them to the Interview room. The HR Advisor will do a round of introductions. The Chairperson reads the script to the candidate, providing instructions on the interview process. The candidate should receive water, a pad of paper, and writing utensils.

The Employment Reference Release Form

The HR Advisor must ask for the Employment Reference Release Form before conducting the interview. If the candidate does not provide the Employment Reference Release Form, a blank one with an envelope will be provided. At the end of the interview, the HR Advisor will remind the candidate to complete the form and hand it to the Front Desk (Administration side).

The Screening/Interview Tally Sheet

Once each of the Hiring Committee members fills in their score on the Interview portion of the Screening/Interview Tally Sheet, the HR Advisor will finish the rest of the form by deriving a final score for each of the candidate. The final score is used on Page 2 of the Memorandum to Chief and Council.

The Memorandum to Chief and Council

This crucial form must accompany all recruitment and selection practices. Each of the hiring committee signs the Memorandum—the Hiring Committee makes no decision on candidates.

The Interview Packages

The HR Advisor will compile three similar packages for the Hiring Committee members and one HR Advisor's package:

- The Interviewers' Package (except HR Advisor):
 - A copy of the Interview Questionnaire
 - A Schedule of the Interview
- The HR Advisor's Package:
 - A Schedule of the Interview
 - The Chairperson's Script
 - Employment Reference Release Forms with envelopes
 - The Screening/Interview Tally Tool
 - The Briefing Note
 - A copy of the Interview Questionnaire

The Post-Interview

After each interview, each of the Hiring Committee members will record their score on the Interview Section of the Screening/Interview Tally Sheet. When the interview is completed, the HR Advisor will organize the recruitment file. See page 14 for its usual set-up.

The recruitment is not complete until the following processes are done:

- The Reference Check Questionnaire ([*see template page XVIII*](#))
- The Preparation of the Memorandum – page 2
- C&C Decision: The Successful Candidate
- The Script for the Successful Candidate ([*see template page XX*](#))
- The Script for the Rejection Phone Call ([*see template page XXI*](#))
- The Rejection Letter ([*see template page XXII*](#))

The Reference Checks

The signed Employment Reference Release Form gives the HR Advisor permission to call the references listed on it. Candidates should be informed at the time of the “Interview Invite” that all references must be work related. Each call usually takes about ten minutes. After calling all of the references, the HR Advisor will prepare page 2 of the Memorandum to Chief and Council.

The Preparation of the Memorandum – page 2

- The reference checks provide the data for page 2 of the Memorandum
- The first column lists the candidates’ names
- The second column lists the interview score for each of the candidates
- The third column is a description of the attributes derived from the reference checks The HR Advisor should ensure the description of attributes is succinct and brief
- The last column may explain the highlights of the candidate such as taking special courses, holds specific awards, and presents an up-to-date Vulnerable Sector Check/Criminal Records Check
- There is a place at the end of chart where the Candidate is identified as Mississauga Band Member; Of Aboriginal Descent, and Band Member of another reserve; or non-Aboriginal
- This helps Chief and Council determine their selection of the candidate

C&C Decision: The Successful Candidate

- The Chief and Council Secretary will send the approved (or not approved) Memorandum via an email to the HR Advisor. If approved, the Memorandum will have a date stamp and a mark that states “Approved”
- The HR Advisor will immediately contact the successful candidate to notify the outcome.
- The HR Advisor will ask the successful candidate if they will accept the position
- If the candidate answers in the affirmative, the HR Advisor will ask the successful candidate to come in the same day or the next morning to sign the offer letter (the beginning of the onboarding process)
- Once signed, the HR Advisor can move ahead with phoning the unsuccessful candidates

The Script for Rejection

It is best if the HR Advisor use a script to inform the unsuccessful candidate that they were not successful in the interview. This is always a difficult process and a script helps in deflecting this tension.

The Rejection Letter

The HR Advisor will complete a rejection letter for each of the candidates and mail it out. This is only one sample and it may become necessary to revise the contents of the rejection letter to suit the situation. This is a hard copy of the communication between the HR Advisor and the unsuccessful candidate.

Closing the File

- The Blue Recruitment File Folder recommended organized content ([see page 15](#))

- When the offer letter has been signed by the successful candidate and the rejection letters are sent out, it is time to move the contents of the recruitment file to another file folder (mauve and lighter weight)
- The HR Advisor will place the documents in this order:
 1. Interview Questionnaires
 2. Rejection Letters
 3. Employment Reference Release Forms – with the accompanying reference checks
 4. Original résumés
 5. Oath of Confidentiality forms – signed
 6. Conflict of Interest forms – signed
 7. Screening Tools
 8. Confirmation emails of interviews with any correspondence
 9. Screening/Interview Tally sheet
 10. Scripts
 11. Schedule of interviews
 12. Chairperson script
 13. Approved Memorandum – with the approved stamp
- The Job Posting and the Job Description are placed on the other page of the closed file.

Archiving the File

Archive the closed recruitment file to the bottom drawer of the filing cabinet. There is a four-year wait before the archived files in descending order are electronically archived and the contents shredded. In other words, closed files dated 2017 cannot be shredded until January 2021.

The Blue Recruitment File Folder

(Legal Globe-Weis Coloured Folder)

(Please note that the forms are placed in sequential order from bottom to top, e.g., on page 2, the Email insert is the first to be placed and the last to be placed is the Recruitment/Selection Checklist)

- Page One: Job Description (if a newly approved JD)
 Job Posting (on top of JD)
- Page Two: Email Insert for Conflict of Interest or Conflict of Interest – if not mailed
 Oath of Confidentiality
 Screening Tool
 Interview Invite
 Interview Confirmation Email Insert
 Interview Schedule
 Chairperson Script
 Screening Tally Sheet
 Script for Offering a Position by Phone
 Recruitment/Selection Checklist
- Page Three: Résumés
- Page Four: Employment Reference Release Form, to be attached to the three refer-
 ence check questionnaires
- Page Five: Script for Phoning Candidates of Rejection
 Rejection Letter
- Page Six: The Interview Questions

Human Resources and Payroll

Human Resources

1. *Types of Offer Letters*
2. *Procedures for Designing Offer Letters*
 - 2.1. *Standard (32 hours)*
 - 2.2. *Standard (34.5 hours)*
 - 2.3. *Standard (40 hours)*
 - 2.4. *Standard Part-Time*
 - 2.5. *Summer Hours*
 - 2.6. *Terms and Conditions of Employment*
 - 2.7. *Calculation Chart of Various Leaves*
3. *The Employee Data Sheet – The Link to Payroll*

Payroll

4. *Turning on the Sage System*
 - 4.1. *The Approved Briefing Note*
 - 4.2. *The Employee Data Sheet*
 - 4.3. *Any Other Changes*
5. *Turning off the Sage System*
6. *The Employee Listing*

Types of Offer Letters

There are various types of positions within Mississauga First Nation developed to suit the needs of the organization. The two-year full-time and part-time offer letters replaces the full-time and part-time permanent in light of succession planning. Term, casual, ten (10) day, summer student, Niigaaniin, Labour Services are not affected. Other types of offer letters do not go through Payroll, such as the NOSM Student Placement, CO-OP Student Placement, and Volunteer; but still require a Personnel file (white folder) to be set up for archival purposes.

Procedures for Designing the Offer Letters

After the Interview

The HR Advisor will perform the following:

- Send a blank copy of the offer letter to the Director/Manager with some excerpts that need attention
- Have the manager draft up the terms of the offer letter
- It is important the HR Advisor get the base salary, hours of work, benefits and insurance, and vacation terms. Please note **the HR Advisor does not have the authority** to adjust

salaries, rate of pay, type of contract and type of vacation credits. **This includes the Employee Data Sheet.**

- Prepare a draft copy of the offer letter
- Submit to the Manager/Director for final changes
- Have the Manager/Director sign two copies of the offer letter with the MFN logo
- When the candidate is offered the position, inform the candidate of the offer. It may be:
 - A term, one-year or a two-year contract or some other type of contract and say, “Do you accept this offer?”
- If they affirm, move onto the next which is “Are you able to start on this date?” and again if it in the affirmative, have the successful candidate come in to sign, or if they cannot, fax or email the offer letter for signature.

The Offer Letter Considerations

Period of Employment

The Manager/Director will determine if this is a full-time, part-time, labour services, casual-relief, 10-day hire or term employment. If it is a term position, the term could be a six-week contract up to a two (2) year contract.

Base Salary

The Manager/Director that is doing the hiring will make the decision on the rate of pay. The Risk Management and Strategic Planning Director will confirm this; they will have the information on “Salary Grid for Employees”. The HR in preparing the Memorandum will put the hourly rate on the form before it goes to Chief and Council.

Hours of Work

- The 32 hour week for most band office employees
- The 34.5 hour week for Day Care and Infrastructure employees
- The 40 hour week for the Women Shelter employees
- Variable hours (in the case of casual)
- The terminology may vary: hours of work may read “will” instead of “may”

Benefits and Insurance

- No changes – see Great West Life Procedures

Vacation

- Usually at the managerial or highly technical level, the employee may negotiate the terms of their contract when first hired. There have been instances where employees negotiated for a four (4) week annual leave. The Manager/Director must explicitly write the terms for this.
- Sick and mental health leave credits are standard with a rate of 1.25 days per month or 0.92 for sick and 0.33 for mental health. However, there are circumstances where this will change:

- Pro-rated sick and mental health leaves credits. When a full-time employee is hired mid-year the HR Advisor will calculate the pro-rated hours and both the Manager and the HR Advisor will ensure that this is the correct pro-rated number of hours. The Finance Manager can also verify this.
- In the case of term and part-time contracts, employees are not eligible for mental health leave credits. Their sick leave credits are calculated at a rate of 0.0071.

Standard Full-Time (32 hour work week)

Base Salary

You will be paid an hourly rate of **\$00.00** per hour, and will be paid every 2 weeks. You will be working **00.0** hours per week. Mississauga First Nation has moved to Direct Deposit. It is a requirement that there be a one-week hold back pay, which will be returned to you once you leave your employment. (Note: This will go on all offer letters)

Hours of Work

Your hours of work **may** be *Monday to Thursday, 9:00 am to 4:30 pm* and *Friday, 9:00 to 4:00 pm* **with one hour unpaid lunch break**. Alternate schedules may be required to meet program and client requirements. Evening and weekend hours may be required for this position.

Benefits and Insurance

You will be entitled to participate in Mississauga First Nation's benefit, insurance and pension plans and this information will be reviewed with you at orientation. The contents of these benefits are expressly subject to change from time to time at Mississauga First Nation's sole discretion.

Vacation

You will be entitled to earn 1.25 days per month of vacation from your hire date to a maximum of 15 (fifteen) days within your first year of employment as outlined in the vacation policy. Upon successful completion of your six (6) month probation period, you shall be entitled to take your earned vacation, which would be 7.5 days. Vacation will be taken at a time or times acceptable to Mississauga First Nation having regard to its operations.

Standard Full-Time (34.5 hour work week – Day Care)

Hours of Work

You will be working a 34.5-hour work week. Your hours of work will be Monday to Thursday, 8:00 am to 4:00 pm or 9:00 am to 5:00 pm alternating weekly **with a one hour unpaid lunch break**.

Benefits and Insurance

You will be entitled to participate in Mississauga First Nation's benefit, insurance and pension plans and this information will be reviewed with you at orientation. The contents of these benefits are expressly subject to change from time to time at Mississauga First Nation's sole discretion.

Vacation

You will be entitled to earn 1.25 days per month of vacation from your hire date to a maximum of 15 (fifteen) days within your first year of employment as outlined in the vacation policy. Upon successful completion of your six (6) month probation period, you shall be entitled to take your earned vacation, which would be 7.5 days. Vacation will be taken at a time or times acceptable to Mississauga First Nation having regard to its operations.

Standard Full-Time (34.5 hour work week – Infrastructure)

Hours of Work

Your hours of work **may** be *Monday to Thursday, 8:00 am to 4:00 pm and Friday, 8:00 to 3:30 pm with a one hour unpaid lunch break*. Alternate schedules may be required to meet program and client requirements. Evening and weekend hours may be required for this position.

Benefits and Insurance

You will be entitled to participate in Mississauga First Nation's benefit, insurance and pension plans and this information will be reviewed with you at orientation. The contents of these benefits are expressly subject to change from time to time at Mississauga First Nation's sole discretion.

Vacation

You will be entitled to earn 1.25 days per month of vacation from your hire date to a maximum of 15 (fifteen) days within your first year of employment as outlined in the vacation policy. Upon successful completion of your six (6) month probation period, you shall be entitled to take your earned vacation, which would be 7.5 days. Vacation will be taken at a time or times acceptable to Mississauga First Nation having regard to its operations.

Standard Full-Time (40 hour work week – Women's Shelter)

Hours of Work

Your hours of work may be *Monday to Friday, 8:00 am to 4:00 pm or 4:00 pm to 12:00 pm or 12:00 am to 8:00 am*. Alternate schedules may be required to meet program and client requirements. Evening and weekend hours may be required for this position.

Benefits and Insurance

You will be entitled to participate in Mississauga First Nation's benefit, insurance and pension plans and this information will be reviewed with you at orientation. The contents of these benefits are expressly subject to change from time to time at Mississauga First Nation's sole discretion.

Vacation

You will be entitled to earn 1.25 days per month of vacation from your hire date to a maximum of 15 (fifteen) days within your first year of employment as outlined in the vacation policy. Upon successful completion of your six (6) month probation period, you shall be entitled to take your earned vacation, which would be 7.5 days. Vacation will be taken at a time or times acceptable to Mississauga First Nation having regard to its operations.

Standard Part-Time (Less than 23 hour work week)

Base Salary

You will be paid an hourly rate of \$00.00 per hour for x days a week (or some form thereof) and will be paid every 2 weeks. You will be working 00.0 hours per week. Mississauga First Nation has moved to Direct Deposit. It is a requirement that there be a one-week hold back pay, which will be returned to you once you leave your employment.

Hours of Work

Your hours of work may be *Monday to Thursday, 8:00 am to 4:00 pm and Friday, 8:00 to 3:30 pm with a one hour unpaid lunch break* (or some thereof). Alternate schedules may be required to meet program and client requirements. Evening and weekend hours may be required for this position.

Benefits and Insurance

You will not be entitled to participate in Mississauga First Nation's benefit and insurance plans but you might be eligible for the Registered Pension Plan after two years of continuous employment. This information will be reviewed with you at orientation. The contents of these benefits are expressly subject to change from time to time at Mississauga First Nation's sole discretion.

Vacation

You will be paid 4% of your gross income as vacation pay in lieu of vacation credits. You will be able to accrue xx.xx hours per week but no mental health credits. Sick leave credits must be earned before using.

Summer Hours

Summer Hours (Regular)

Summer hours shall begin a week following the last day of elementary school prior to the summer break and shall end the week preceding the first day of return to school, Monday to Thursday, 8:30 – 4:30 pm and Friday, 8:30 – 12:30 pm.

Summer Hours (Day Care)

Summer hours shall begin a week following the last day of elementary school prior to the summer break and shall end the week preceding the first day of return to school, Monday to Thursday, 8:00 – 4:30 pm or 8:30 – 5:00 pm and Friday, 8:00 – 12:00 pm or 8:30 – 12:45 pm.

Terms and Conditions of Employment

SUBJECT: TERMS AND CONDITIONS OF EMPLOYMENT (Specific Clause to Employment)

We are pleased to confirm our Offer of Employment to you with Mississauga First Nation. The terms and conditions of your employment are set out in the paragraphs below. If you accept this offer of employment and these terms, please sign in the space indicated at the bottom of this document.

Period of Employment

Your employment with Mississauga First Nation shall commence on **August 19, 2017** upon successful completion of the <___> **Program** being offered at <___> commencing <month day, year> and ending <month day, year>. During your training you will be provided a weekly allowance of \$___ and accommodations near the <___> Campus. You will report to James Cada, Director of Operations, who will be your direct supervisor.

SUBJECT: TERMS AND CONDITIONS OF EMPLOYMENT (Only for Short Term and Casual Type Positions, unless the employee works at Women's Shelter or the Day Care)

We are pleased to confirm our Offer of Employment to you with Mississauga First Nation. The terms and conditions of your employment are set out in the paragraphs below. If you accept this offer of employment and these terms, please sign in the space indicated at the bottom of this document.

Probation Period

Your employment will **not** be subject to a standard probationary period of three (3) months.

SUBJECT: TERMS AND CONDITIONS OF EMPLOYMENT (A Negotiated Deal for Vacation)

We are pleased to confirm our Offer of Employment to you with Mississauga First Nation. The terms and conditions of your employment are set out in the paragraphs below. If you accept this offer of employment and these terms, please sign in the space indicated at the bottom of this document.

Vacation

You will be entitled to earn 1.25 days per month of vacation from your hire date to a maximum of **20 (twenty) days** within your first year of employment as outlined in the vacation policy. Upon successful completion of your six (6) month probation period, you shall be entitled to take your earned vacation, which would be 7.5 days. Vacation will be taken at a time or times acceptable to Mississauga First Nation having regard to its operations.

Or

Vacation

Per our discussion, you will be entitled to 18 days' vacation after six months' probation and 20 days' vacation after one year to remain at **20 days until after 5 years of completed employment**. Vacation will be taken at a time or times acceptable to Mississauga First Nation having regard to its operations.

SUBJECT: TERMS AND CONDITIONS OF EMPLOYMENT **(All short-term type contracts)**

We are pleased to confirm our Offer of Employment to you with Mississauga First Nation. The terms and conditions of your employment are set out in the paragraphs below. If you accept this offer of employment and these terms, please sign in the space indicated at the bottom of this document.

Benefits and Insurance

You will not be entitled to participate in Mississauga First Nation's benefit, insurance, and pension plans.

Vacation/Other Credits

You will be paid 4% of your gross income as vacation pay in lieu of vacation credits. You will be able to accrue xx.xx hours per week but no mental health credits. Sick leave credits must be earned before using.

The Calculation of Various Leaves

When calculating sick leave credits, mental health leave credits, and vacation the HR Advisor will calculate what the number of hours in a year for new employees. This information should not go on the offer letter unless deemed by the manager. Usually the new employee is hired sometime after the new fiscal year has started (in April). Therefore, a calculation must be made to pro-rate the amounts of credits and vacation. The calculation for Term and Part-time employees are different from Full-Time employees as a different formula is used. See [appendix page XXIII](#) for the table used for this calculation.

The Employee Data Sheet – The Link to Payroll

The Employee Data Sheet is the critical connection between the Human Resources Department and Payroll. Employee onboarding and any changes to the employee's status, employee's title, wage increases, address/phone number changes and various leaves such as Education Leave, Maternity Leave, etc. including WSIB payments because of injury are included. [\(See EDS template on appendix page XXIV-IV\)](#)

Turning on the Sage System

The Employee Data Sheet

Since this is a new employee, the Employee Data Sheet will be a hard copy, left blank, so the employee can input their personal information.

The Approved Briefing Note

- The Chief and Council Secretary will email a copy of the approved Memorandum after the date that Chief and Council meet
- The HR Advisor will print four coloured copies: one to go in the Recruitment & Selection folder with page 2; one to go in the 2017 Briefing Note folder; one to go in the Personnel File Folder of the new employee; and the last one to go in the Auditors File Folder. All copies of the Briefing Notes stay with the Human Resources Department, the Manager who has created the Briefing note and the Chief and Council Secretary

Completing the Employee Portion

- Check off the Employment Status: **New Employee**
- In the Briefing Note Information box, record the date of the Memorandum was approved for the hiring of the new employee
- The employee will fill in their last name, first name and middle name
- They will fill in their date of birth
- They must provide their Social Insurance Card, their Status Card and their Driver's License, which the HR Advisor will use to verify that the numbers provided on the Employee Data Sheet are accurate
- The employee will indicate their gender and marital status
- The employee will complete the boxes requesting their address, box number (if available), home phone number and cell number (which the employee may decline)
- The employee must sign their portion

Completing the Payroll Portion:

- For Full-Time employees, the contract start date and end date are recorded unless Chief and Council deems it as a full-time permanent employee after a six-month probationary performance appraisal has been done
- The Classification must be filled in, whether the employee is Labour Services, Full-Time, Casual, etc.
- The rate of pay is entered from the Memorandum
- There are two new boxes: Benefits (Date Effective) and Pension (5% or 7%) for full-time employees (at least a two-year contract). Payroll will determine the Employee Number, so it is left blank for now
- The Job Title is entered from the Memorandum

The HR Advisor and the Manager will complete the Employee Data Sheet as follows:

- The HR Advisor will calculate the amount of sick leave credits, mental health credits and annual leave credits and confirm this with the Manager before recording
- The HR Advisor will include the hourly rate, e.g., \$24.00@34.5 hours
- The Manager will fill in the Account and Department Codes
- The Manager will sign the Employee Data Sheet and write in the date

For HR/Payroll Use Only: The HR Advisor will initial the words: HR File Initiated/HR File Data Entry

HR and the Employee Listing

- The HR Advisor will enter the information from the employee data sheet to the Employee Listing which is located on the H-Drive (please see the procedures for completing the Employee Listing)

HR to Payroll

- The HR Advisor will send an email to the Payroll Clerk with a cc to the Finance Manager and the Risk Manager and Strategic Planning Director that an Employee Data Sheet is on its way
- The HR Advisor will make a copy of the email and place in a binder to be followed up when the Employee Data Sheet is returned to the HR Department

Payroll to HR

- Once the Payroll Clerk has entered the Employee Data Sheet information into the payroll system, she will initial the "Payroll Data Entry" as being completed
- The Payroll Clerk will bring the signed off Employee Data Sheet to the Human Resources Department

HR and the Email

- The HR Advisor will look for the email copy that has been placed in the Employee Data Sheet Binder and initial the email as being received

HR and the RMSPD

- The HR Advisor will then forward the Employee Data Sheet to the Risk Manager and Strategic Planning Director and record the date it was sent to her
- The Risk Manager and Strategic Planning Director will record the financial information on the Salary Grid she maintains
- The Risk Manager and Strategic Planning Director will return the Employee Data Sheet to the Human Resources Department for filing

HR and Filing Employee Data Sheet

- The HR Advisor will check off the email for that Employee Data Sheet as being complete for the process and file the document in the employee's Personnel File. The HR Advisor will record the information on the "File Tracking Form"

Any Other Changes

The Change to an Employee's Personal Information – ICE Form

The ICE (In Case of Emergency Form) ([appendix page XXVI](#)) is updated yearly. If there are no changes to an employee's personal information, it is not necessary to complete one. However, new information must be entered.

The HR Advisor will note any changes to an employee's personal information as it may have an impact on receiving mail from Mississauga First Nation. The HR Advisor will complete an Employee Data Sheet showing new information with regards to address changes, marital status as last names may change, and phone numbers.

An Employee Data Sheet must be completed and forwarded to the Payroll Clerk for his/her entry into the system.

Great West Life and Maryon Young must also receive this type of information, as both must have up-to-date records.

An Employee's Job Title Change

The Employee Data Sheet must be completed if a job title has been changed for an employee. Submit the EDS to the Payroll Clerk so she can update her system.

The Performance Appraisal and Wage Increases

Performance appraisals may be done at the 3-month mark for those moving from a probationary period in their contract to full time or part time. Normally, for those at the 3-month mark, no wage increase is given. An employee must wait for his/her yearly performance appraisal before receiving a Merit and Cost of Living Adjustment (COLA) increase.

The Procedure for completing the Employee Data Sheet is different from a New Employee:

The Chief and Council Secretary will email a copy of the approved Briefing Note, which states a Merit/COLA increase and the date it is retroactive to, usually a day after Chief and Council have met. The Briefing note must have a stamped approval to process.

These are the steps for completing the Employee Data Sheet:

- The HR Advisor will receive via email an approved copy of the Briefing Note showing the wage increase and the retroactive date
- They will go to the Employee electronic file and complete the pertinent information online
- They will record the date of the Briefing Note in the "Briefing Note Information" box
- The HR Advisor will check the Briefing Note for any mathematical errors before proceeding to write the amounts on the Employee Data Sheet. If there is an error, **they must consult with the Manager to make corrections together and the manager as well as the Director of Operations must initialize the correction.**
- In the area where there is "P.A. Wage Increase" on the Employee Data Sheet, the HR Advisor will type in the information that is on the briefing note.

- They will write “The employee will receive a (#)% Merit and a (#)% COLA retroactive to (date)”
- The box “Rate for Hour” will be filled with the new rate of pay based on the calculations derived from the merit and COLA increases
- The HR Advisor will have the Manager sign the Employee Data Sheet and date it
- They will follow the rest of the procedure as outlined in the “New Employee”

Great West Life Benefits and Pension

If an employee is full-time, the HR Advisor will provide a Great West Life Application for Group Coverage form. The HR Advisor and the employee will fill out the form together. The information on the form will be recorded on the GWL Plan Administrator Website as a new employee. In addition, the employee will be given an Application for Membership in a Registered Pension Plan that must be handed to the Human Resources Department within 2-3 business days. This completed application form is forwarded to Maryon Young, Freedom 55 Financial Centre, Sault Ste. Marie, Ontario. Payroll must be provided with information regarding benefits and pension.

On the **Employee Data Sheet**, payroll will receive the following information:

- The employee is full-time, receiving benefits and pension at 5% (or 7%).

Please see further details regarding procedures in the section on **Great West Life benefits and pension**.

Tax Forms

TD1 – Ontario and Federal

If an employee is non-status, they must complete the following forms:

- TD1 Canada Revenue Agency Personal Tax Credits Return ([see appendix page XXVIII](#))
- TD1ON Ontario Personal Tax Credits Return ([see appendix page XXIX](#))

The HR Advisor will provide the Payroll Department with the two forms completed by the employee at the same time as they submit the Employee Data Sheet. The TD1 and TD1ON must be completed annually on January 1 as the form undergoes changes every year as well there may be changes to the employee’s marital status, dependents, etc.

Determination of Exemption of an Indian’s Employment Income ([see appendix page XXX](#))

- All First Nation employees with a status card must complete this form.

The HR Advisor will submit the completed form with the Employee Data Sheet.

Turning Off the Sage System

The HR Advisor will use the information from the Government of Canada “ROE Secure Automated Transfer 4.0 – User Guide” ([appendix page XXXI](#)) site, search the document for the code and its description.

End of Contract/Lay-off/Terminations – Turning off the Sage System

Term Contracts – 3 month, 6 month or one year contract (less a day)

- Prior to the end of the term contract, the HR Advisor will prepare a two-weeks notice that the employment will end
- Then they will prepare the Employee Data Sheet to indicate “End of contract. Please provide a Record of Employment for employee”
- They will fill in the “Employee’s Reason for Exiting” box with “End of Contract”
- Next using the information from the Government of Canada “ROE Secure Automated Transfer 4.0 – User Guide” site, search the document for the code and its description
- In this case, the code will be A00 and the description is “Shortage of Work/End of Contract or Season”

Labour Services Lay-Offs

- The HR Advisor will prepare a two-weeks notice for the employee who is on a fall/winter/spring contract
- Their start date and end date falls within the school’s calendar
- When preparing the Employee Data Sheet, find out from the manager what their return date and record it in the box “Estimated Recall Date”
- The HR Advisor will record in the box labelled “Employee’s Reason for Exiting” is Lay-Off and write Code in the ROE Code as A00
- **The Payroll Clerk will initial the Payroll Data Entry and the date the ROE was issued online**
- When the employee returns to work another Employee Data Sheet must be completed in order to turn the SAGE system on for that employee

Terminations

- The HR Advisor will provide two weeks’ notice if the employee is required to leave the organization.
- The Employee Data Sheet will be prepared
- The HR Advisor will type “Termination” in the box “Employee’s Reason for Exiting”
- The Code for “Termination” is M00
- If the employee is dismissed within the probationary period, the code is M08
- It may be that the employee has handed in his letter of resignation. The code for that is E00.
- **The Payroll Clerk will initial the Payroll Data Entry box and the date the ROE was issued online**

Various Kinds of Leaves – Maternity, Education and Compassionate

An Employee Data Sheet must be completed for two reasons:

- The Payroll Clerk must be informed to turn off the system so the employee does not receive any earnings that they are not entitled to

- Prior to the leave, the HR Advisor will prepare an Employee Data Sheet indicating the start of the leave and the expected return date.
- The Payroll Clerk must be able to complete the Record of Employment (ROE) online

WSIB (Workplace Safety Insurance Board)

For employees who are injured on Mississauga First Nation worksite, a WSIB Form 7 must be filled out and submitted to the Workplace Safety Insurance Board. In the event the employee is off for longer than the day of the injury, the HR Advisor will complete the section on Lost Time. This includes Base Wage, Additional Wage Information and Work Schedule. The employee will receive 85% of his/her pre-injury net average earnings from WSIB for time off. It is imperative that the Human Resources Department notify Payroll through the **Employee Data Sheet** that an employee is off work due to injury. The Manager will ensure that the timesheets reflect time off due to injury and the employee will not receive any wages from Mississauga First Nation for the time off due to injury. (*See appendix page XXXII*)

The Employee Listing

The Employee Listing is an excel template that is used to record all payroll information. The HR Advisor performs all updates to the listing. It is locked in the HR Drive, as **the information must be secure**, since all wages of all band employees are listed there. Only the HR Department and the Director of Operations have access to it, with the exception of the Finance Manager, who receives the secured employee listing via email (she will need the code to open the file).

Procedures for Completing the Employee Listing

The Employee Data Sheet information will be recorded on the Employee Listing. The HR Advisor will enter the information in the employee listing whenever there is a change in the status of employment before handing in the Employee Data Sheet to Payroll. This new information is then made available to both the Risk Manager and Strategic Planning Director and the Director of Operations.

- In the event of a new employee, a new line will be created
- The HR Advisor will type in Active but leave the Employee Number blank until Payroll sends back the Employee Data Sheet for that new employee
- The HR Advisor will record the last name, first name and middle name (initials)
- Next they record the job title, the department the new employee will be working in
- In the Status box, they write in F/T, P/T, Term, et al.
- The HR Advisor will record the date of hire and if it is a contract position the number of weeks in contract as well as the contract end date or last day worked
- On the excel sheet calculations are embedded for seniority and date of birth and age
- Next the HR Advisor will record the gender, whether the individual is status or non-status and the status number will be recorded after the SIN
- Next is the personal information from physical address to telephone number
- This is a critical piece with the new salary, hours of work, and salary rate; as this information is the one the RMASPD and DOO most of the time require (as well as Finance). It

must be correctly entered and there is a calculation embedded to get the yearly salary rate, which is used for Great West Life

- Next is the reporting manager and supervisor, if there is one
- The SIN and the Status Card number is entered as well as the Benefits up to the Pension
- The HR Advisor will record the vacation pay rate as 4% for term employment
- They will record the number of weeks for Vacation Days and most of the time it is 3 weeks for 3 years. **(When the rate changes an Employee Data sheet will be filled out to let Payroll know that the employee will receive four weeks).**
- This is a relatively new addition, but it is requirement that all employees sign their new revised job descriptions, unless their original one has been signed and there was no revision
- So far, it has not been mandatory for the HR Advisor to fill in Post-Secondary and Professional Designation

The Employee Listing will have the following headings (to be read down one column at a time):

Active/Inactive/On Leave	Contract End Date or Last Day Worked	Postal Code	Benefits (ID# n/a)
Employee Number	Seniority	Telephone #	Benefit Class
Last Name	Date of Birth	New Salary	Pension (ID # n/a) Prefix 000999
First Name	Age	Hours/Week	Pension (no)
Middle Name(s) or Initials	Gender	New Hourly Rate	Vacation Pay Rate
Job Title	Status or Non-Status	Old Hourly Rate (historical info)	Vacation Days
Department	Physical Address	Reporting Manager	Job Description
Status	Mailing Address	Supervisor	Post-Secondary Education
Date of Hire	Address	SIN	Professional Designation
Weeks in Contract	City	Status Card	

On Boarding the New Employee

Onboarding

1. *Human Resources and the Manager – The Offer Letter*
2. *The Orientation – HR and the New Employee*
3. *Payroll and the New Employee*
4. *The New Employee and the Manager*
 - 4.1. *The Timesheet*
 - 4.2. *The Job Description*
 - 4.3. *The Organizational Chart*
 - 4.4. *Setting up the Password*
 - 4.5. *Setting up the Work Area*
 - 4.6. *Introductions – tour/welcome email*
 - 4.7. *Other Forms*
 - 4.8. *Training Initiatives*
5. *Health and Safety Training*

Human Resources and the Manager – The Offer Letter

When the selection of the candidate is known, the HR Advisor will print two copies of the offer letter for both the Manager and the new employee to sign. An Employee Data Sheet is based on the offer letter. If it is a full time employee then there are benefits and pension as well as three weeks vacation and the vacation will be pro-rated based upon the month the employee starts ([see page XXIII for Grid](#)).

The Orientation – HR and the New Employee

At the time that the Briefing Note goes to Chief and Council the HR Advisor should begin setting up the Orientation Packages according to the type of employment. For example, an offer letter for Term employment will require a different set of orientation forms from a full time contract employment.

The HR Orientation Checklist

The Human Resources Advisor will use one standard template for the Orientation Checklist with some revisions depending on the type of employment.

When completing the Human Resources portion type n/a for those that do not apply to the employment type which in the sample is “Term Contract – 6 months. The Human Resources may provide the Manager with the Job Description so they can go over the contents with the new employee ([see appendix page XXXIII](#)).

The HR Advisor will review the following line items on the Orientation Checklist with the new employee in the Human Resources Office before bringing the new employee to his/her worksite.

The HR Advisor will let the Manager know that the new employee will be coming down at usually 9:30 – 10:00 a.m.

Filling Out the Orientation Checklist/Personnel File Checklist

The two forms are reflective of each other. The Orientation Checklist is a guide for the HR Advisor in designing the appropriate package for the new employee while the Personnel File Checklist is for the receipt of documents for the employee's Personnel File ([see appendix page VI](#)).

Welcome Letter

The welcome letter is generic. The HR Advisor will welcome all new employees to the organization and make the new hire comfortable and relaxed. They will explain the orientation process and ask if there are any questions before going through the offer letter once again.

Offer Letter ([appendix page XXXIV-V](#))

The HR Advisor will review the offer letter with the new employee, explaining the terms of the contract. The key points are as follows:

- **The type of employment**
All employees who receive a type of employment contract
- **The period of employment**
All contracts will have a start date and an end date until the manager completes a performance appraisal recommending the new employee with a full time status (no end date) or a continuance of a two year contract
- **The position and the worksite**
This is the job title and the worksite location
- **The employee's qualifications**
What is cited in the résumé as to qualifications, is what the Human Resources Department expect of the employee to produce
- **Benefits and Insurance**
Only term contracts that are greater than 364 days will have benefits and pension and this will be determined individually by the manager/director
- **Vacation**
Term employees get 4% vacation pay while those who are on a contract greater than 364 days will get three week vacation for their first year of employment.
- **Hours of Work**
Hours of work varies from department to department
- **Criminal Records Check and Vulnerable Sector Check**
All employees are subject to a police records check.

Job Description

Two copies of the job description will be given to the new employee to sign – one to be filed to the new Personnel File for the employee and the other one given to the employee. Discussion of job duties will be between the supervisor and the new employee.

In Case of Emergency Form (ICE) ([see appendix page XXVI](#))

This form is required of all new employees.

Social Insurance Card/Status Card/Driver's License

The new employee must bring the three documents to be visually confirmed by the HR Advisor. The Employee Data Sheet will be marked with an initial with the words "visually confirmed" or "vc".

This will be entered on the form "Personnel File Checklist" ([see appendix page XXXVIII](#)). The section page 4 on the Personnel File checklist " will have the information entered with a notation that the Social Insurance Number, the Status Card Number and the Driver's License have been visually confirmed.

Banking Information for Direct Deposit

The HR Advisor will inform the new employee that it is imperative on the date of hiring they get this information to give to Payroll and indicate to the Human Resources Department that this was completed. The new employee can not get paid unless this banking information is given because Mississauga First Nation has gone to Direct Deposit.

TD1CRA/TD1ON ([see appendix page XXVIII](#))

This form is to be completed by Non-Status new employees. The form will accompany the Employee Data Sheet. This form is completed every year.

Determination of Exemption of an Indian's Employment Income ([see appendix page XXX](#))

The form is to be completed by Status new employees. This form will accompany the Employee Data Sheet as well. This form is filled out once for the duration of the time the employee remains with the organization.

Benefits Application/Booklet/Benefit Policy # and ID#

The HR Advisor will walk the new employee who is on a full-time contract through the Benefits Application. As well, the HR Advisor will provide the new employee with the Great West Life booklet and the Travel Assistance Card with its accompanying Booklet. This process is explained in more detailed in the Great West Life section.

Pension Application/Pension Questionnaire

As for the Pension Application, the HR Advisor will help the new employee with the application form. The new employee will have up to one week to review. They will complete the Investment Personality Questionnaire and the Application for Membership in a Registered Pension Plan and give these two forms to the Human Resources Advisor.

Confidentiality Agreement ([see appendix page XXXIX](#))

The Confidentiality Agreement must be signed by all new employees as this stipulates that they agree not to disclose confidential matters to relatives, friends and band employees.

Employee Code of Conduct ([see appendix page XI-XXXIX](#))

This is a two page code of conduct outlining the responsibilities of all new employees.

Vulnerable Sector Screening Check/Criminal Records Check

The new employee will take either the Vulnerable Sector Check letter or the Criminal Records Check letter to the Police Station in Blind River. The employee will be informed that the department they are hired in will be responsible for payment of \$25.00 but he/she must first pay the costs and then be reimbursed. It is strongly suggested the employee gets the police check within the week as his/her position may require one in order to perform his/her duties, such as working with Day Care, Red Pine Lodge, and the Women's Shelter. If the Vulnerable Sector Screening Check is not given to the HR Advisor after one month of employment, the employee will be suspended from working unit it has been submitted. It is always preferable that the employee who is working with children and the elderly obtain the Vulnerable Sector Check prior to employment.

Verification of Education Qualifications – diplomas, cert, and/or degrees [\(see appendix page XLII\)](#)

The new employee will indicate to the new employee that on their résumé they presented a list of qualifications that must be on file.

The Signature Line

The HR Advisor and the new employee will sign off the Orientation Checklist and date it.

Payroll and the New Employee

For full-time contract employees the HR Advisor will go over the pro-rated amounts for sick leave credits, mental health leave credits and vacation credits with the new employee. As time sheets seem to vary with individual departments, the HR Advisor will refer the employee to his/her supervisor to discuss this with him/her.

The HR Advisor will inform the new employee that CPP and EI are taken off at source and will show up on their paystub. The Employee Data Sheet does not record CPP and EI other than the box where CPP may be turned off for an employee who is receiving Canada Pension Plan payments.

The New Employee and the Manager

The Manager will explain the following forms and procedures in as much detail he/she believes necessary such as the timesheet, job description, the Personnel Policy, and/or the terms of the offer letter. The Manager will also set up an email for the employee and the workspace. The Manager will conduct a tour of the workplace the employee will be working at and introduce him/her to the department staff. The Manager will send an email to other staff welcome the employee on board.

The Timesheet

Because Mississauga First Nation has moved to digital weekly timesheets, the Manager will advise the new employee that the Employee Data Sheet will be given to the Director for creating a personalized weekly timesheet, and once that has been done they will provide training on how to complete it.

The Job Description

The Manager will go over the job duties of the position. At this time, the Manager will discuss the six-month probationary period and at the three-month evaluation. The evaluation will be a reflection on how well the employee has met the acceptable standards of the job duties.

The Personnel Policy

The Manager will be able to retrieve a copy of the Personnel Policy from the Manager's Drive to print for any new employee. The new employee will be advised as to where the electronic policies are located (the G: Drive). Once reviewed, the employee is required to acknowledge his/her understanding of the new policies and return the Acknowledgement Form ([appendix page XLIII](#)) to the HR Advisor.

The Finance Policy

The same procedure will be followed with the Finance Policy but only full-time employees will be given the Finance Policy to read and sign the Acknowledgement Form ([appendix page XLIV](#)).

The Organizational Chart

At this point, only the Manager/Director are given copies of the organizational chart. The Manager may provide a copy for the new employee at their discretion.

Setting up the Password

The Manager will send an email to the IT Help Desk requesting that a new email be set up for the new employee. Then the Manager can also request the IT Department to assist the new employee on logging on to his/her computer. Once the employee's email is set up, the Manager will advise the HR Advisor (preferably by email) that training can now take place on HR Downloads.

Setting up the Work Area

It is the Manager's duty to ensure the new employee has a welcoming beginning. The new employee should walk into his/her work station with their own computer, phone, office supplies, desk and chair. The new employee should be able to begin work in his/her new position the afternoon of their hire. This includes any on-the-job training and Health and Safety training.

Other Forms – Shared Drive

The following is the list of forms that are on the Manager's Drive and which the Manager will either provide a copy of or show them on to locate them on the G-Drive. The other forms are as follows:

- Holiday and Leave of Absence Form ([see appendix page XLV](#))
- Travel Advance Claim Form ([see appendix page XLVI](#))
- Mileage Chart ([see appendix page XLVII](#))
- Cheque Requisition ([see appendix page III](#))
- Telephone List ([see appendix page XLVIII](#))
- Chief and Council List ([see appendix page XLIX](#))
- Equipment Sign Out ([see appendix page L](#))

- Fax Cover Sheet [\(see appendix page LI\)](#)
- Office Supplies Request Form [\(see appendix page LII\)](#)
- Journal Entry [\(see appendix page LIII\)](#)
- Tax Exempt Letter [\(see appendix page LIV\)](#)

Introductions – the tour and the welcome email

When the Orientation Checklist is completed, the Manager will bring the new employee to the various departments introducing them to new employees. An email to all staff will be sent out to welcome a new face in the department.

Other Forms

Other forms include the following:

- The File Tracking Form [\(see appendix page LV\)](#)
- Employee Job History [\(see appendix page LVI\)](#)

Training Initiatives

The Manager will ensure the employee has access to training within their department. The orientation must include at least a few days in getting the employee used to the procedures and the work site. There may be other manuals to read as well.

Health and Safety Training

The Manager’s Responsibilities

The Manager will explain the contents of the following package to their employee:

- JHSC Membership List [\(see appendix page LVII\)](#)

The Joint Health and Safety Committee promotes health and safety in the workplace. The employee is encouraged to join the committee if the interest is there.

- Employer / Worker Rights and Responsibilities [\(see Health and Safety policy\)](#)

This document outlines the rights and responsibilities of the employer and the worker.

- Freedom from Harassment Statement [\(see Personnel Policy\)](#)

This is a statement posted in all building sites. The Manager however should go over what the statement means to the employee and what they would expect from others in the workplace and how the employee should conduct themselves to others.

- Workplace Anti-harassment and Violence Policy [\(see Personnel Policy\)](#)

Chief and Council has approved the Workplace Anti-Harassment and Violence Policy. All staff as well as new employees should sign the acknowledgement form showing they have read and understood the contents.

- Health and Safety Information Boards with a JHSC Member

The bulletin boards have been set up by the Human Resources Department but it now the responsibility of the Joint Health and Safety Committee members to update it. The Manager may review or ask a JHSC member to go over the details of each of the components of the JHSC bulletin board as well as the Medical Kit posted nearby.

- Incident Report ([see appendix page LVIII](#))

Every new employee should be given a copy of the Incident Form in case of injury. The procedure is for the employee to immediately report the accident to the Manager and if a serious enough injury has occurred then the Manager or designate should take the individual to the hospital. A Form 8 is required and the employee must ensure that they receive a copy.

As part of the Health and Safety Training Orientation, the employee must also complete On-Line Training with HR Downloads for the following training, which will be assigned by the Manager. The Manager must send the request to the Human Resources Advisor. The employee should complete the training by the end of the month and the certificates forwarded to the HR Department for inclusion in the employee's Personnel File. The legislated training is as follows:

- AODA – Accessibility Ontario Disability Act
- WHMIS 2015
- OHSA for Workers and Supervisors

The two optional training is as follows:

- Workplace Hazard Identification
- Understanding Human Rights – Federal

GREAT WEST LIFE

Group Benefits

1. *Introduction*
2. *The Group/Net Portal*
3. *The Notification – Determination on Employment Status*
4. *GWL Health Benefits Enrollment Checklist*
5. *Application for Group Coverage*
 - 5.1. *Procedures for Enrollment*
6. *Short Term Disability*
7. *Long Term Disability*
8. *Plan Member Changes*
9. *Mass Salary Changes*
10. *Employee Termination*
11. *GWL Presentation*
12. *Emails/Correspondence*

Group Pension

1. *Getting Started*
2. *GWL Pension Plan Checklist*
3. *Application for Membership in a Registered Pension Plan*
 - 3.1. *Procedures for Enrollment*
4. *Plan Member Changes*

Introduction

Health benefits are provided to each employee who are on (at least) a two-year contract with Mississauga First Nation. Full-time applies to those who work at least 24 or more hours per week in his/her position but in most instances employees will normally work 32, 34.5 or a 40 hour week. Term contract employees who work at least 364 days and Labour Services full-time are also entitled to health benefits. Short-term contract, part-time and casual employees do not get health benefits.

The Group/Net Portal

The HR Advisor will be able to access the Great West Life website as a plan administrator after Great West Life sets them up on the *Group/Net Website*. As a Plan Administrator, the HR Advisor will have access to:

- Employee Enrollment
- Beneficiary Designations
- Plan Member changes

- Terminations, Reinstatement
- Ordering Booklets
- Great West Life Drug Card replacements
- Short Term Disability forms, Long-Term Disability forms
- Mass Salary Changes
- Great West Life Assisted Changes.

The Notification

When Chief and Council have reached a decision on the new employee, the HR Advisor will phone the prospective candidate to inform them of the job offer. When accepted, the offer will be signed and it is only when the prospective employee comes in for the orientation that an application for Group Benefits will be given, provided the prospective employee is on a two-year contract or on a one-year contract less a day.

GWL Health Benefits Enrollment Checklist

The HR Advisor will use the GWL Health Benefits Enrollment Checklist [\(see appendix page LIX\)](#) as a guide when enrolling or making changes.

Application for Group Coverage

The HR Advisor will use this two-page form [\(see appendix page LX\)](#) to enroll the employee.

Procedures for Enrollment

The Day of Orientation

The employee will be referred to as the plan member.

The HR Advisor will ensure the employee receives the correct code according to the benefit class description. Based on that, the HR Advisor will provide the new plan member with the correct booklet. See the various Benefit Class numbers with their Benefit Class Descriptions:

Benefit Class	Benefit Class Description
1	Status and Status Composite Participants <i>For status employees with status dependents</i>
3	Non-Status Participants
4	Status Participants with Non-Status Dependents
5	Contract Employees <i>For employees with 364 days of continuous employment</i>

The HR Advisor will assist the new employee in completing the application. If the employee makes an error, they will strike out the wrong information and write in the new information with their initial. Alternatively, the HR Advisor will offer the employee a new form.

At this point, there are two considerations:

- If the dependent is in school and under the age of twenty-six (26) they qualify for benefits coverage
- If the employee's spouse has a plan, the employee can still apply for benefits and their spouse will be considered a dependent. Both will have coverage under two plans.

Plan Sponsor Section

- Plan Number is 153564; Division Number is 1 and Benefit Class could be 1, 3, 4, or 5.
- The plan sponsor is **Mississauga First Nation**
- The Plan Member ID cannot be entered until the employee has been registered via "Add Employee" in the Enrollment page on GroupNet for Plan Administrators
- Eligible date of employment: Month/Day/Year is the day of orientation
- Effective date of coverage: Month/Day/Year is the date of orientation
- Occupation/Earnings must be yearly
- Plan Member Province for residence and employment is Ontario

Plan Member Information

The employee completes this section. Check information on "Do you have dependent children, including full time students or disabled adults (who the employee is caring for)."

Refusal of Benefits

In most cases, new employees will not refuse benefits, as it would not be in their interest to do so.

Beneficiary Designation

In most cases, the spouse is the main beneficiary and children are added as subsequent beneficiaries in case of death of both employee and spouse. The employee makes the decision on percentage allocation.

The beneficiary nomination is a legal document. Plan members must complete, sign and date the beneficiary section, preferably in blue ink. If the plan member crosses out or uses correction tape on any portion of the designation, they must initial the change. If the beneficiary is a minor child, the plan member must designate a trustee. The HR Advisor will provide a **Trustee Appointment Form**.

All beneficiaries are **revocable**.

Dependent Information

The employee completes this section. The employee will tick the boxes "Family" for Healthcare, Dental Care, and Vision Care.

In this section under Dependent Information, the employee will list all of their dependents, their date of birth, whether they are full time students, and if they are disabled.

Privacy

Assure the new employee Great West Life protects their personal information.

Authorizations and Declarations

The employee (known as the plan member) will sign and date the application.

Travel Assistance card and brochure

At the end of the orientation, you will provide the employee with a travel assistance card and an explanation of the brochure's highlights. This card provides the employee with the group benefits plan number and contact numbers when the employee is out of country. The brochure outlines what travel assistance will provide when the employee has a medical emergency out of country. See next page.

The Plan Member's "My Group Benefit Plan" booklet

At the end of the orientation, you will provide the employee with a booklet that matches his/her class number. If his/her class number is 1, he/she will receive the "My Group Benefits Plan" booklet, Status and Status Composite Employees". Refer to the important information, such as the different kinds of coverage to which they are entitled.

GroupNet Enrollment Portal

Enter the plan member information on GroupNet according to the GroupNet enrolment Guide as soon as the orientation is completed. **Coverage becomes effective upon the first day of signing the application form.** The HR Advisor must ensure that enrollment on Group/Net is completed.

In the event that the new hire is a past employee:

Find the **Orange** file for the employee and enter the ID number in the Enrollment Page. Enter the employee's ID number and a window will pop up. Enter Reinstated and follow the steps on the Group/Net Portal.

Otherwise,

1. Enrollment Page – Select "**Add Employee**" — a new window will open up.
2. Enrollment Page 2. Select "**Add Employee – Select Policy**"
3. Input the Employee's last name, given name, birthdate and hire date (the day of the orientation). Select "**Continue**".
4. Enrollment Page 3. Select "**Add Employee – Select Division/Classes**"
5. The Benefit Class is a pull-down menu. Choose the appropriate class number. The Applications Signature Date is the day of hire (orientation day). Leave the "Apply Waiting Period" as a Yes even though there is no waiting period. Select "Continue".
6. Enrollment Page 4. Select "**Add Employee – Basic Information.**" Complete this section using the hardcopy of the enrollment form.

7. When the HR Advisor has finished enrolling the new employee or plan member another window will appear “Add Employee - Confirmation”. Print. Rather than returning to Enrollment Home Page, the HR Advisor will print off the “View In-Force Premium and Taxes” information. This is included in the **Orange** file.
8. Once you have completed printing, quit the enrollment process.
9. A new window will pop up—this is the confirmation page. Print this page as well.

File the original Application for group Coverage form in the Employee Benefits file (**Orange**). No copies need to be mailed to Great West Life as the information is on *Group/Net*.

Once the HR Advisor completes the information, Great West Life will assign an **Identification Number** to the employee. The HR Advisor will provide the group policy number and the ID number to the employee on the day of the orientation.

The HR Advisor will assist the employee on getting online to the Plan Member’s Group Net where he/she can register and make e-claims. For more information see the booklet “Great West’s Health and Wellness Site” in the appendix on this process.

Wallet Health card—when it comes in, stamp the date on the form that accompanies it and file to the Employee Benefits file (Orange). Until this arrives, the HR Advisor can do two things:

- Print off a temporary card
- Provide the employee with the number of the group policy, class of benefits and ID number (this can only be done once the HR Advisor has entered the employee information on Group/Net).

Plan Member Changes

Other forms

- Beneficiary Designation (revoking and designating a new beneficiary [*\(see appendix page LXI\)*](#))
- Trustee Appointment [*\(see appendix page LXII\)*](#)
- Group Life Claim Form (in the event of a death of an employee or a spouse) [*\(see appendix page LXIII\)*](#)
- Request for Non-Standard Dependent Coverage (only in special circumstances) [*\(see appendix page LXIV\)*](#).

Whenever there is a plan member change the HR Advisor must have the employee who is requesting the change to fill out the “Group Coverage Change Form” [*\(see appendix page LXV\)*](#). The hardcopy is retained in the Orange file for reference.

Changing the salary earnings

This is done any time where there is an increase in COLA and Merit upon a performance appraisal (or any monetary increases). This is crucial, as failure to make the change will result in less STD/LTD than the employee is entitled to. The change must be entered in the Plan Administrator’s Group/Net Portal for the employee as this affects the Short Disability and Long Disability weekly rate of pay.

Adding or changing a dependent

The HR Advisor will make any change concerning marital status, birth/adoption of a child, or address changes in the Great West Assisted Changes, Plan Administrator's GroupNet site.

- Go to GroupNet and click on "Maintain/Inquire on Employee". Press "Continue".
- A new window opens up: "Maintain/Inquire on Employee – Select Policy/Employee.
- Input the policy number and the Employee ID and Effective Date.
- Another window opens up. If it is a card replacement, click appropriate box and submit to Great West.
- If there are other changes, send an Email Request such as address changes or dependent changes.

Student Recertification Report

This report lists all active dependents that are in school, including in college or university. The HR Advisor will confirm whether the student is still in school, then sign & send the form back to the address indicated on the form.

Late Applicant and the Evidence of Insurability Form

What is a late applicant?

A late applicant is a plan member who has not made necessary changes to their benefits plan within a required amount of time.

Late applicants can include:

- A plan member who gets married or begins to live common-law, but forgets to add his/her spouse to their plan within 31 days
- A plan member who forgets to enroll on the plan within 31 days after he or she loses coverage on a spouse's plan
- A plan member whose plan administrator does not enroll the plan member on the plan within the waiting period or the subsequent 31-day grace period
- A plan member with single coverage who forgets to change his/her dependent status within 31 days of the birth of a child
- A plan member who has previously elected to waive participation in the plan and now decides to enroll

In the event this occurs, the employee must fill out the Insurability forms. It is possible at this time the employee will be denied benefits. If coverage is approved, it will be effective on the date Great West approves it. There is a limitation on dental coverage. (*See Group/Portal for form*)

Changing a revocable beneficiary

All beneficiaries are revocable. The HR Advisor will complete the *Group Coverage Change* form if there is a change in beneficiaries.

Mass Salary Changes

The HR Advisor may once a year upload the new wage rates to Great West Life ensuring they have the latest salary amounts so that premiums are accurate.

Nevertheless, **it is the responsibility of the HR Advisor to provide Great West Life with accurate information whenever there is a change to any employee's salary.** Payroll is not responsible for this.

Short Term Disability (STD)

The Employee Application *(see Group/Net Portal)*

When the employee asks to go on extended medical leave, the first step is the application for short-term disability. The HR Advisor will provide the employee with the following forms to fill out which includes the physician's report:

- Employee Statement Guide (to filling out the forms—kept with employee)
- Disability Income Benefits Employee Statement (GWL)
- Initial Attending Physician's Statement – Cardiac Form
- Initial Attending Physician's Statement – Cancer Form
- Initial Attending Physician's Statement – Musculo-skeletal Form
- Initial Attending Physician's Statement – Mental Health Conditions

The above (original) forms are submitted to GWL—by either the employee (who keeps a copy), or the HR Advisor. A copy may be made of the information until Great West Life makes a determination.

An employee may request the HR Advisor assist in filling out the Employee Statement. Read & explain the content to the employee. They must fill out the form where prompted. An employee may also request the HR Advisor fax in the required documents. The employee statement and the Physician Statement are returned to the employee unless the employee wants it otherwise. Once the claim goes through, remove these documents and give them back to the employee. These are confidential documents and should not be kept with the organization.

The Employer

The Employer will fill out the following forms and send to Great West Life:

- Employer Statement Guide (is a guide for filling out; kept with employer)
- Disability Income Benefits Short Term Disability Employer Statement
 - The Employer Statement must be done with the Manager

The critical piece of information that goes to Great West is the start date of illness or injury. It should be the date the employee left employment because of illness or injury. That date should match the date of the illness or injury on the Physician's Statement. In addition, there may be a date of return. This will be indicated on the form.

Notice of Return to Work *(see appendix page LXVI)*

The HR Advisor must fill out this form when the employee has returned to work. When a return date is indicated on the employer's statement, Great West will send a letter to the employer and the HR Advisor will fill this one and either fax it in or mail it. A copy may be filed in the Employee Benefits File.

Long Term Disability

These forms are not necessary to fill out as the employees have started with STD, "If the plan member has an ongoing STD or Early Referral Services claim with us, there is no need to apply for LTD." There may be a case whereby the employee has returned to work from long term disability and after several months the issue has returned whereby he/she has to take time off from work again. The process will repeat itself with Short Term Disability and getting it approved by Great West Life again.

Employee Termination

When an employee exits from the organization, the HR Advisor will input information on the GroupNet Plan Administrator website. From the Enrollment Information window, the HR Advisor will click the button "Maintain/Inquire on Employees". A new window will appear and the HR Advisor will click the "Function" button and choose "Terminate". Another window will appear with the employee's personal GWL information. The HR Advisor will click box "Terminate". A confirmation window will appear "Terminate Employee – Confirmation" which must be filed in the Health Benefits file folder. This closes out this portion. The next step is to also terminate the employee's pension plan with the organization. Please see "Pension Plan" section.

GWL Presentation

The HR Advisor will contact the local GWL representative for Benefits, Mary Mete, in Sudbury and GWL representative for Pension, Maryon Young, for a GWL seminar for new employees and any existing employees. It can be held bi-yearly or yearly.

Group Pension

The registered pension plan is provided to each employee who is on a full-time two year contract with Mississauga First Nation. Short-term contract, part-time, and casual employees are not eligible for the Registered Pension Plan unless they fit these guidelines:

- "A part-time employee in the same class as of employees as full-time employees who have a pension plan is eligible to join the plan
 - If the employee completes 24 months of continuous employment; and
 - If the employee earns at least 35% of the Year's Maximum Pensionable Earnings (YMPE) in each of the two consecutive calendar years before the employee joins the plan.
- The employer may elect to waive or vary the eligibility waiting period for an employee as permitted by the applicable legislation. In other words, the eligibility

requirements above can be waived and the employee that you're hiring can join the plan on ..." (this was for a full time employee working 24 hours per week).

Getting Started

The HR Advisor does not have access to the Great West Life Registered Pension Plan website. The HR Advisor will advise Maryon Young, the Plan Administrator, in Sault Ste. Marie by paper submission and by email that a new employee is on staff and will be making Registered Pension Plan contributions. Please see section on "Application for Membership in a Registered Pension Plan".

GWL Enrollment Pension Plan Checklist

The HR Advisor will use the GWL Registered Pension Plan Checklist (*see appendix page LXVII*) as a guide when enrolling or making changes. The HR Advisor will use the same orange file folder as for the Health Benefits when filing any documentation for pension.

Application for Membership in a Registered Pension Plan

The Enrollment Guide Booklet (*see appendix page LXVIII*) is an individualized booklet for all employees. Inside its covers are two forms that must be given to Maryon Young: the application for membership in a registered pension plan and the Investment Personality Questionnaire.

The HR Advisor will provide a copy of the Enrollment Guide to the new employee. In the Guide are two sections the HR Advisor will need to fill out:

- The Pension Plan Application form (*see appendix page LXIX*)
- The Investment Personality Questionnaire (*see appendix page LXX*)

The Day of Orientation

The HR Advisor will assist the new employee in completing the application, as some areas need clarification.

Procedures

Section 1 – Employer/Plan Sponsor Information

This section is already completed for the organization.

Section 2 – Applicant Information

- The employee (applicant) will provide his personal information.
- He must indicate his marital status.
- The date joined plan is the effective day of hire on the offer letter and the orientation date.
- The area that has the registry number (Status Indian) must be entered
- At this time, we do not have anyone who is a connected person. This applies to person who owns 10 percent or more of any class of issued shares of the em-

ployer, does not deal at “arm’s length” with the employer, is an immediate relative of an owner, or is designated as a specified shareholder. The requirement for a connected person is that he/she must complete a T1007 and submit to the CRA.

Section 3 – Issuer Information

The employee reads on his/her own.

Section 4 – Beneficiary Information

The employee will list all the beneficiaries in this section including dependents and the percentage allocation.

They may indicate a contingent beneficiary.

Section 5 – Trustee Appointment

If the beneficiary is a minor, then the employee must appoint a person who is able to dispense the payout in accordance to the statement under the trustee appointee.

Section 6 – Payroll Deduction Authorization

The employee will determine whether they will take a 5% or a 7% contribution from their paycheque. The HR Advisor will inform the employee that the employer will match the percentage allocation of contributions from their paycheque.

Section 7 – Investment Allocation Instructions

This section is based on the Investment Personality Questionnaire completed by the employee.

The employer will look at the final score on his/her Personality Questionnaire and decide on what he/she falls under: Conservative, Moderate, Balanced, Advanced, or Aggressive. When the employee is young, they may want to invest aggressively as the balances in the Registered Pension Plan face an aggressive growth pattern but they should be forewarned this is also subject to significant losses in a given period.

Section 8 – Confidential Information File

The employee reads this section on his/her own.

Section 9 – Signature

The employee signs and dates the document.

Plan Member Changes

Notice of Member Termination *(see appendix page LXXI)*

The HR Advisor will fill out this form on behalf of the employee. The most important part of this form is the “Termination Details” which includes the following reasons for termination:

- Termination of employment
- Death (indicate date of death as the effective date above)

- Retirement (includes spouse's name and date of birth)
- Other

Leave the section on "Contribution Information" blank; Maryon will get that information from Janice.

The HR Advisor must have the Registry Number (10 digits) of the Status Card if the plan member is First Nation.

The HR Advisor signs and dates the document.

Change of Member Information *(see appendix page LXXII)*

The HR Advisor will note what kind of changes the employee indicates:

- If the member's name has changed – complete Part A
- If an existing beneficiary's name has changed – complete Part B
- If the member's address has changed – complete Part C
- If the member's spousal information has changed (RPPs only) – complete Part E

The HR Advisor and the Plan Member signs and dates the document.

Request for Member Withdrawal *(see appendix page LXXIII)*

The HR Advisor at the request of the plan member completes Part A "Cash Withdrawal or Transfer to Another Plan". The plan member will complete

- Withdraw funds from my RPP Voluntary Contributions (check box)
- Cash refund (check box)
- Amount of request:
 - The total value of the funds available (check box) and
 - Yes, I will continue to participate or no, I will not be making any further contributions (check applicable box)
- Alternatively, Dollar amount requested.

On page 2, the plan member must sign the document in Part F and the HR Advisor must sign in Part H as the Plan Administrator.

Designation of Revocable Beneficiary/Trustee Appointment

The plan member may ask the HR Advisor to complete a change of beneficiary for their Registered Pension Plan. The HR Advisor will help the plan member complete Part B in which the employee will write in the last name, first name, relationship to member, percentage of distribution, gender, and whether the beneficiary is a minor.

In cases of spousal changes, the HR Advisor will forward those concerns to Maryon Young.

The form *(see appendix page LXXIV)* is signed by the plan member and witnessed by either the HR Advisor or someone whom the plan member selects.

File Management

The Personnel File

1. *Introduction*
2. *The Personnel File*
 - 2.1. *The File Tracking Form*
 - 2.2. *The Employee Job History*
 - 2.3. *The Employee Data Sheet Revisited*
 - 2.4. *Note to File*
 - 2.5. *Training Summary*
 - 2.6. *Performance Appraisals*
 - 2.7. *The Work Plan*
3. *Charging Out a Personnel File*

Archiving Closed Personnel Files

4. *The Archiving Process*

Employee Forms/Letters

- 5.1. *Consent to Disclose Personal Information*
- 5.2. *The Bank Letter*
- 5.3. *Consent to Disclose Personal Information Form*
- 5.4. *Leave without Pay/Benefits Letter*
- 5.5. *Physical Check Letter*
- 5.6. *End of Contract Letter*
- 5.7. *The Exit Survey Package*

Non-Personnel file

6. *Correspondence Forms*
7. *Briefing Note Tracking Form*

Introduction

While the HR Advisor is responsible for the intake and maintenance of all files dealing with employees, the Risk Manager and Strategic Planning Director is responsible for ensuring that Personnel Files and Health Benefits files are up-to-date through a yearly audit. Because of the supervisory role the Risk Manager and Strategic Planning Director has towards the Human Resources Department, he/she shall have full access to the Personnel Files and the Health Benefits the same way the HR Advisor has.

The Personnel File

The Personnel File starts with the onboarding of the new employee. Each employee receives a hard cover personnel file with the exception of summer students whose duration of employment is less than six weeks, volunteers and casual relief type positions. These individuals will receive a durable white file folder. The Personnel File Folder will have each page dedicated to categories:

- The File Tracking Form
- Page 1: the Header (the file tracking form and the ICE form)
- Page 2: the Orientation supporting documents
- Page 3: Correspondence (includes Job Description, etc.)
- Page 4: The CRC/VSC
- Page 5: Disciplinary Action
- Page 6: Performance Appraisal

The three forms that will immediately be placed in the Personnel File Folder are as follows:

- The File Tracking Form
- The Personal File Checklist
- The Employee Job History Form

The File Tracking Form

The Personnel File Folder is a six-page hardcover file folder. On page one (the inside front cover), the HR Advisor will place the File Tracking Form and begin by documenting the various orientation forms that were issued to the new employee. It is sufficient to write: "Orientation Packages entered on (this date)".

The Personnel File Checklist

The next page (facing the File Tracking Form) is the Personnel File Checklist. It must be placed on top of all forms relating to the orientation. Anyone viewing the Personnel File Checklist will note what was received, the date in which the document was received and what is outstanding. Page 2 will also have any relevant financial forms and all future Employee Data Sheets.

Other Pages of the Personnel File Folder

The other pages of the Personnel File Folder are as follows, and do not require a form, although some forms/letters may be filed accordingly:

- Page 3 - awards, certificates, any educational qualifications that were listed on the employee's résumé, the résumé, the relevant job description, and other correspondence.
- Page 4 - Criminal Records Check or the Vulnerable Sector Check. The CRC or VSC letter requesting that a check be done by the Provincial Police remains as the first

document until the actual police record is brought in from the employee. The HR Advisor can ask the employee to bring in a copy of the receipt as proof that they have completed this step. The HR Advisor is expected to follow up and keep the respective Manager apprized if one has not been received within two weeks. After one month, the new employee will be dismissed until a check is performed.

- Page 5 - Any disciplinary notices. Disciplinary notices and forms will be discussed in more detail in the Labour Relations section.

The Employee Job History Form

The last form is the Employee Job History Form, which should be placed on top of all employee Performance Appraisals and Briefing notes that show wage changes. Usually the wage change is a result of the Performance Appraisals. The Employee History form has the first date of employment with Mississauga First Nation, the department to which they are in, the position which they hold and the hourly rate of pay. This form assists the Manager in seeing in a snapshot the wage growth for that position as well as the length of service the employee has in his/her department. After the first entry, the HR Advisor will not need to enter the same job title on each row but simply provide the description for the hourly rate change e.g.; P.A., date, % of Merit, and/or COLA. If there is a position/department change, note the change on the Employee Job History form.

The Employee Data Sheet (revisited)

The first Employee Data Sheet for a new employee is a hard copy handwritten by the employee. The HR Advisor will input the information into the Employee Listing before forwarding it to Payroll for entry in the Sage system. After they return it, the HR Advisor will take the information and create an electronic version of the handwritten form. A template will be stored for use for any changes to the employee's wages, address, etc. The template must be saved as "EDS ABC100 template". When the HR Advisor has to make changes to the Employee Data Sheet, the ensuing Employee Data Sheet filename will be similar to this: "EDS ABC100 Wage Inc. 2018-11-29". A photocopy of the signed Employee Data Sheet and the accompanying email that was sent to Payroll advising him/her to expect a new Employee Data Sheet will be kept in a binder "Employee Data Sheets".

Note to File [\(see appendix page LXXV\)](#)

The Note to File documents any discussions concerning an incident. If there is any future discussion with the same incident, there is something on file. Note to files are **not disciplinary notes**. They could relate to Great West Life discussions with respect to an employee if there is a phone call; they could relate to discussion among employee, Manager and the HR Advisor.

Training Summary [\(see appendix page LXXVI\)](#)

The training summary was devised to keep track of the training and professional development for employees. This is a WSIB requirement. The HR Advisor will track incoming

certificates of training for employees. This training summary will provide a snapshot for the Manager when performance appraisals are conducted.

Performance Appraisals *(see appendix page LXXVII)*

All employees require a performance appraisal after a three-month probationary period or a yearly one. The first performance appraisal a new employee will receive is a three-month evaluation to determine how well they have reached their goals in their current position and what improvements are needed. When the performance appraisal is complete, the manager will prepare a briefing note for submission to Chief and Council confirming the two-year contract. The next performance appraisal will take place after nine months to determine whether the employee receives a merit/COLA increase. The new employee will receive a yearly performance appraisal afterwards. There are three types of performance appraisal forms:

- The Supervisor
- The Peer (as part of the Supervisor)
- The Employee (Support Staff)

The difference between the Supervisor form and the Employee form is the Leadership component. The difference between the Supervisor form and the Peer is the deletion of pages after the listing of strengths and areas requiring improvement (in the Peer form). The purpose of the Peer form is to provide a 360° evaluation of the supervisor. In the case of the Director of Operations, only Directors and senior Managers will evaluate him along with Chief and Council. With the Directors and senior Managers, only their staff will evaluate them. Although the Peer forms are given out, it is not incumbent upon the person receiving the peer form to complete one if he/she feels it cannot be done fairly.

When a performance appraisal has been completed, the signed original will be forwarded to the HR Department. The HR Advisor will note their receipt as incoming mail.

The Work Plan *(see appendix page LXXVIII)*

Every employee must have a work plan in place. This work plan lists the areas of responsibilities, the objectives for each area, the associated activities, what is required by means of materials, manpower, etc., the expected results and target date as well as the progress of each of the objectives. The work plan is a tool whereby the supervisor and employee can measure the areas of responsibility as noted on the job description. The original copy of the work plan will be filed in page 6 of the employee's Personnel File.

Charging Out a Personnel File

At times, the Manager may request a Personnel File. The Manager cannot access any of the Health Benefit files for their staff. When requesting a file, the HR Advisor will ask him/her to charge out the file on a form *(see appendix page LXXIX)* that is kept in a grey binder.

Archiving Closed Personnel Files

The Archiving Process

When an employee leaves the organization, the HR Advisor will close the file with an Employee Data Sheet. This will be forwarded to Payroll, who initials it and sends it back to the Human Resources Department for filing. The HR Advisor will make the final entry on the File Tracking Form thus closing out the Personnel File. The Personnel File will then be placed in the Archive Section of the filing cabinet. The Personnel File and the Orange Health Benefit File must remain in the filing cabinet for seven years after which the contents can be electronically archived and the contents destroyed. In some instances, due to the sensitive nature of the confidential files, these will remain in the office of the Risk Manager and Strategic Planning Director.

Employee Forms/Letters

Leave without Pay Letter *(appendix page LXXX)*

The Leave without Pay letter is given to the employee who is taking a leave of absence such as an educational leave, personal leave or candidacy leave. This letter should be given to the employee and a copy forwarded with the Employee Data Sheet to Payroll. The letter and EDS will be filed accordingly.

Physical Check Letter *(appendix page LXXXI)*

There are circumstances where the employee may be required to do a physical check for the position they hold or will hold, such as the Medical Transportation Driver. The employee will be given a letter to take to the Nurse Practitioner or Medical Doctor to fill out and return to the HR Department. The HR Advisor will advise the Manager or Director seeking the medical report that the report has come in. The Manager may come into the HR office to view the contents of the medical report. The Manager will make a decision regarding continued employment based on the medical report.

Consent to Disclose Personal Information

The Bank Letter *(appendix page LXXXII)*

The bank letter provides specific information the loan company or bank may request when an employee requires for large purchases.

The Consent to Disclose Personal Information Form *(appendix page LXXXIII)*

The Consent to Disclose Personal Information form can be used as well when an employee requires that a bank or some other agency be given financial information regarding that employee. The form must be signed by both the employee and the HR Advisor.

End of Contract Letter

The End of Contract Letter ([appendix page LXXXIV](#)) precedes the Exit Survey Package. At the end of the contract, the Manager may not find it feasible to renew the contract. A six weeks' notice, such as the letter "End of Contract", will be given to the employee and an Employee Data Sheet completed. Only the Employee Data Sheet will need to go to Payroll. Please see letter below:

The employee will be given an Exit Survey package to read and complete. The procedure for completing this part of the end of employment is the same as with all employees who resigns, retire, or terminated.

The Exit Survey

The purpose of the Exit Survey ([appendix page Error! Bookmark not defined.](#)) is to improve the working environment through feedback from the exiting employee. Their comments may be valuable in assessing workload, interoffice communication, supervision, etc. The HR Advisor will print out a copy of the letter and a copy of the Guidelines of the survey with the Employee Exit Interview Survey. The exiting employee is not obligated to complete the survey. If the employee chooses to complete one, he/she will place the completed survey in an envelope that is marked confidential and sealed. The exiting employee will give the envelope either to Reception, to be placed in the HR Advisor Inbox, or deliver the envelope to the HR Advisor in person.

Non-Personnel file

Correspondence Forms

Incoming Correspondence Form

The incoming correspondence form ([appendix page LXXXVI](#)) must be filled out for any kind of correspondence regarding an employee. This may be a certificate, a performance appraisal, a disciplinary letter, etc.

Outgoing Correspondence Form

The outgoing correspondence form ([appendix page LXXXVII](#)) is used less frequently. However, it still serves a purpose in recording correspondence that leaves the HR office. Requests for information, manager's request for a copy of a document or a letter being sent out on behalf of an employee would be entered on this form.

Briefing Note Tracking Form

The Briefing Note Tracking Form is used when the Chief and Council Secretary sends the Briefing Note results to the HR Advisor. The form is kept in a file folder entitled "Briefing Notes 20##". A second, duplicate file is set up for the Auditors ([appendix page LXXXVIII](#)).

Labour Relations

Issues in the Workplace

1. *Mediation*
2. *Grievance Procedures*
3. *Progressive Discipline*
4. *Police Records Check – the Relevancy Letter*
5. *Lines of Authority*

Issues in the Workplace

Issues in the workplace can occur in any kind of organization, small or large, government or business. There are different resolutions to conflicts that may arise. The first step in resolving a conflict between two individuals or many individuals is the mediation process.

Mediation

Mediation occurs when an employee is having trouble with either another employee or employees, their own manager, or both. Depending on the situation, conflict may be resolved quickly if the situation is a misunderstanding between two individuals. However, there may be a situation where an unresolved conflict takes on a life of its own after several months, involving a greater number of employees. The solution to such a problem is the mediation process. When the Manager advises the Risk Manager and Strategic Planning Director about such a development, they may relay this information to the HR Advisor to support the Manager and employee in several ways:

Internal Mediation

The HR Advisor will speak one-on-one with the Manager about the situation that has developed and offer some alternatives to the dispute.

- A plan of action is decided upon by the HR Advisor and the Manager on how best to resolve the employee conflict in the department
- A meeting may be called to resolve the conflict. If it involves an employee and Manager, the role of the HR Advisor is to support the employee. The HR Advisor may offer some comments to help the employee and Manager get to a working relationship once again
- A meeting may be called to resolve a conflict between two employees or more than two. If this is the case, an employee and the Manager will get that side of the story. This will hold true for the other employees as well.

The Manager and the HR Advisor will meet to go over the concerns the employees have brought to the table and the Manager will make some decisions on how to bring the conflict to a close. Another meeting may be called with all the employees with the HR Advisor

present to support the Manager and the employees. The role at this point is purely advisory.

If the conflict is not resolved, then the Manager may seek another recourse such as obtaining the services of an external mediator.

External Mediation

Once the HR Advisor receives an emailed request from a Manager that the conflict has not been resolved through internal mediation, the HR Advisor will perform the following steps:

- If there is not already a list of mediators on file, the HR Advisor will complete a research of possible mediators on the Web
- When two or three have been selected and it appears that the kind of services the mediators have may be a good fit for the kind of conflict the employees are facing, the HR Advisor will do a call for proposals
- The call for proposals which will include the dates of availability will be done through email;
- The HR Advisor will review the proposals to determine if the mediators are the best fit to meet the needs of the employees
- The HR Advisor will seek references from all of the mediators
- Once the proposals are reviewed and references are in, the HR Advisor will give the information to the Manager for his/her decision to select the best candidate
- Once the mediator is approved, HR will coordinate the following:
 - Service Agreement outlining dates and cost of service
 - Determine the location of mediation and book room
 - Get account code from Manager, complete a purchase order and make a cheque requisition which the Manager will sign
 - Give letters to employees outlining the dates, time and location of mediation

Grievance Procedures

Grievance occurs when an individual believes they have been wronged, whether it is related to their employment (such as wages), or disciplinary action they believe was unjustified. Please refer to the Personnel Policy Handbook for detailed procedures on grievances as well as the revised chart ([see appendix page LXXXIX](#)).

The HR Advisor is not directly involved with grievances except in its initial stages. An employee may come to the Human Resources Department seeking help on how to resolve a workplace conflict. The HR Advisor will suggest to the employee that he/she must first discuss the issue with their Manager. If the matter was not resolved with the Manager, then the HR Advisor will ask the employee if he/she wants to go through the grievance process. If the employee agrees to a grievance, the HR Advisor will outline the steps on how to file a formal grievance. The HR Advisor will not be involved unless requested by the Risk Manager and Strategic Planning Director.

Progressive Discipline

Progressive discipline begins with a verbal warning. The HR Advisor only becomes involved at the request of the Manager after multiple warnings have failed to change the behavior. The Personnel Policy clearly defines steps to the progressive discipline—however; oftentimes the Manager does not want to move too quickly through the process and may give several verbal warnings before a written warning. The Personnel Policy states, “progressive discipline requires that an employee be given warnings by his/her immediate supervisor regarding the actions or behavior the supervisor believes will require remedy. These warnings may be oral or written warnings.”

When a written warning is issued, the employee must sit in a meeting with the Manager and discuss the infraction as it pertains to the Personnel Policy on Employee Discipline and Termination. This becomes the second step of the progressive discipline process. At this point, the Manager may seek the advice and support of the Human Resources Department. The HR will follow the following procedure when requested to participate in meetings with the employee and the Manager:

- A copy of the verbal warning, usually in the form of an email, must be filed in the employee’s Personnel file as proof that one was given ([see appendix page XC](#)).
- The Manager issues a first written warning to the employee; the HR Advisor files the signed copy of the letter.

The HR Advisor will discuss the breach per Personnel Policy and discuss ways on how to improve the behavior. The HR Advisor will keep notes on this meeting and begin a tracking sheet called The Chronological Order of Events ([see appendix page XCI](#)).

- When a second breach occurs, and a second letter of warning has been prepared the Manager will set up a second meeting with the employee and the HR Advisor. The HR Advisor and the Manager have specific roles:
 - The HR Advisor will keep notes of the meeting and will advise the employee of the following:
 - Note the specific behavior that needs to be changed such as lates or excessive absenteeism
 - Outline steps on how to change the behavior and get his/her input again
 - Inform employee of the time frame with which to the behavior needs to change
 - The time frame should not be less than six months and no more than 18 months
 - Compose a Note to File and record the meeting on the Chronological Order of Events
 - Inform the employee that such the second letter and the Chronological Order of Events will be placed in his/her Personnel File
 - The Manager will advise the employee of the following:
 - The consequence for not making the change within the time frame

- If there is a subsequent breach, rather than move to the termination stage, the Manager and the HR Advisor will continue to work with the employee within the time frame.
- The HR Advisor and the Manager will have the employee sign an Agreement form called The Individualized Communication Strategy and Performance Agreement *(see appendix page XCII)*.
- Notes to File and keeping the Chronological Order of Events active will be used to track meetings, emails, and letters (it is not unknown for Managers to write a five day suspension letter and in addition put the employee on a two day suspension without pay).
- After the time frame has ended and the behavior continues, the Manager can proceed with the termination
- The employee will be called for the last meeting and given a letter of suspension without pay and a briefing note will be sent to Chief and Council with the recommendation of termination with just cause. When the results are received from Chief and Council on the termination the employee will be informed through mail.

The Relevancy Letter *(see appendix page XCIV)*

In the event that the employee returns to the Human Resources Department with a positive Criminal Records Check or a positive Vulnerable Sector Check, the HR Advisor will inform the Manager of the results. The Manager will make a decision on whether to keep the employee on. If the Manager decides to keep the employee on the HR Advisor will ask the Manager to complete the Relevancy Letter, which states that the criminal charges are overlooked for the position the employee had applied for. For example, if the charge is for speeding, the criminal charge will not affect an individual who works for the organization unless the individual has applied for a position such as a Medical Transportation Driver.

Lines of Authority

All employees of the organization must follow the lines of authority. The HR Advisor supports management in a consultative capacity, advises employees on the Personnel Policy and supports the Risk Manager and Strategic Planning Director with support services such a research, clerical work and advice on new legislation as one example. The HR Advisor will always be in communication with the Risk Manager and Strategic Planning Director.

Training and Professional Development

Staff Training/Professional Development

1. *Introduction*
2. *Staff Needs*
3. *Types of Training*
 - 3.1. *Mandatory training*
 - 3.2. *Recommended training*
4. *Training Procedures*
 - 4.1. *Getting a Trainer*
 - 4.2. *Getting Quotes*
 - 4.3. *Service Agreement*
 - 4.4. *Staff enrollment*
 - 4.5. *Booking a Room*
 - 4.6. *Paying Trainer*
 - 4.7. *Evaluation*
5. *HR Downloads*

Introduction

Training is usually a one-time brief episode designed to get quick measurable outcomes. CPR and First Aid Training would be an example of such training, since a trainer is able to observe how well a student has learned the technique of resuscitation. Training focuses on short-term goals and the results can be measured in terms of the benefits to the organization. Training is usually conducted in workshops.

Professional development is less obvious, as it focuses on long-term improvement in such areas as time management skills or lateral violence awareness. Professional development is in close proximity to training in that it can also be done in a workshop format, or as a seminar. The key element is that professional development lends to long-term benefit to an organization, as it changes the behavior of an employee over time.

Staff Needs

Training or professional development may occur in three ways. A request could come from Management, the Human Resources Department or the employee. Management may see an opportunity for obtaining the services, for example, of an expert on the Canada Labour Code regarding mandatory sick leave or employee terminations. There could be new equipment in the infrastructure department that requires employees to receive specific training. At times, a Joint Health and Safety member may see a need for certification in Health and Safety and may seek assistance from the Human Resources Department.

Types of Training – Mandatory

The Risk Manager and the Strategic Planning Director will first bring the issue for legislated training to the Managers for their awareness at the regularly scheduled Manager's monthly. The RMSPD may instruct the HR Advisor to issue training through HR Downloads for employee training or go through the process of hiring an outside source.

Types of Training – Recommended

The RMSPD may at times recommend certain types of training that are not essential but may be beneficial to the organization as a whole. Like the mandatory training, the RMSPD will go through the same procedure in informing Managers first before implementation. The role of the HR Advisor is to implement the recommendation. They will go through the process of HR Downloads or hiring an individual to do the training or professional development.

Training/Professional Development Procedures

Getting a Trainer/Facilitator

Identifying potential facilitators/trainer

- The RMSPD **or** the HR Advisor will **research** potential facilitators/trainers. The research may be conducted via personal contacts, Internet Search, referrals from Program Manager, or other agencies that may have been accessed in the past
- The HR Advisor will update or develop Contact List of potential trainers for future reference. The HR Advisor will maintain this Contact List with the hard copy file and Electronic File system.
- The RSMPD or the HR Advisor will contact potential facilitators/trainers explaining the needs of the organization
- The RSMPD or the HR Advisor will request a Training proposal outlining details of requested training, including any training pre-requisites, type of certification upon completion of training, available tentative dates for training, any associated costs (travel, resources, meals, accommodations etc.).

Getting Quotes

- This may be a critical issue when it comes to hiring a facilitator/trainer as there may be budgetary restraints
- The RSMPD or the HR Advisor will provide a deadline for submission and how the proposal will be received, e.g., email, fax or in person
- The RSMPD or the HR Advisor will provide a copy of the Tax Exemption Letter ([see appendix LIV](#)) to the facilitator/trainer that outlines that MFN is exempt from GST and PST in accordance with the Indian Act section 87(a). This will be used to ensure that no additional taxes are applied to the Service Contract
- When submissions are received, all incoming correspondence will be date stamped and initialled by the Human Resources Department

- The HR Advisor will prepare a file label associated to the training being coordinated e.g. First Aid Mental Health (Date of Proposed Training). The HR Advisor will file each submission in a Training File Folder
- Following the Proposal Deadline, if the HR Advisor is requesting the training on behalf of the RSMPD or a department will provide the submissions to RMSPD for consideration and direction.
- Should the RMSP Director decline the submissions and approve more research, the HR Advisor will extend deadline date for submissions.
- Repeat process and resubmit File to RMSP for consideration and direction. The RMSP Director selects and approves the Trainer/ Facilitator and will communicate that information with Program Managers

Please see the Planning Checklist ([see appendix XCV](#)) as a guide when requesting a facilitator or trainer.

Service Agreement

Once the RMSPD or the HR Advisor has selected a facilitator or trainer, both parties will enter into a service agreement. Please refer to the contract form ([see appendix XCVI](#))

Staff Enrollment

The RMSPD or the HR Advisor will follow up with the Manager and get the list of individuals who should receive training or professional development. In the case of CPR/First Aid training, the HR Department may be issuing training every six months to keep the certification active for all employees within the organization.

The RMSPD or the HR Advisor will confirm the registration list by following the steps below:

- Record all interested employee names on a **Registration List** for follow-up and monitoring ([see appendix XCVIII](#)).
- Record Registrant Name & Account Code to be Charged (using Excel file)
- In the event that there are additional available seats, contact the Niigaanin department and inquire if there may be interested clients
- Training costs (registration fees) will be the responsibility of the department (may need to confirm if cost sharing on room rental is applicable)
- For the Niigaanin department, update the Registration List and ensure that the Account Code is confirmed by the Niigaanin Manager

Booking a Room

The RMSPD or the HR Advisor will follow the procedures for booking a room as previously laid out. If there are employees from more than one department, there will be a shared cost and the RMSPD or the HR Advisor will make a percentage allocation and charge that amount to each department.

Monitoring Attendance

The RMSPD or the HR Advisor will maintain attendance for all training. The following steps should be followed:

- Prepare a Sign-In Sheet listing all registered participants, for each day of training. Keep blank copies in a Training folder for future use
- At the beginning of the Training Session have all attendees sign the Sign-In Sheet for each day, to confirm they were in attendance of training

Evaluations

At times, the Facilitator may opt for his/her own evaluation form to be filled out. Copies may be made and a report created to monitor how useful the employees felt about the training. The training should form part of the specific training folder for this facilitator or trainer for future reference. The RMSPD or the HR Advisor may believe it is advisable to create their own evaluation form for employees to fill and use the information for the report.

Paying the Trainer

The RMSPD or the HR Advisor will be sure to accompany all cheque requisitions with the Invoice (or copy of the Service Contract) and the account code for the training when submitting the cheque requisition to the Accounts Receivable Department. This will ensure that each department is charged the appropriate amount.

Training Request Form

An employee may request specific training or professional development. The HR advisor will provide them with the form ([see appendix XCIX](#))

Professional Development

HR Downloads

HR Downloads, an online human resources tool, has been a valuable resource to the organization's Human Resources Department. The web-based program has services in such areas as online employee training, surveys, policy manual wizard, job description generator, live HR advice and legislative compliance resources. The URL to HR Downloads is <http://hrdownloads.com>.

The Human Resources Department has subscribed to this helpful resource since 2014. Only two individuals will be given passwords to the entire website plus access to HR advice while a third has access only to the entire website which includes online training.

It is not necessary to write out the steps to this program as they have experts who can facilitate this without cost.

Health and Safety

Workplace Inspection

1. *Manager's Responsibilities*
 - 1.1. *Building Inspections*
 - 1.2. *First Aid/Fire Extinguishers/AED Inspections*
 - 1.3. *MSDS binder*
 - 1.4. *The Bulletin Board*
 - 1.5. *Reporting Procedures*

Incidents and Accidents (RMSPD/HR/M)

2. *Manager's Responsibilities*
 - 2.1. *Incident or Accident Occurrence*
 - 2.2. *The Investigation*
 - 2.3. *Modified Work*
 - 2.4. *WSIB Procedures*
 - 2.5. *Summary Reports*
3. *RMSPD/HR Responsibilities*

Joint and Safety Committee (HR)

4. *Human Resources Responsibilities*
 - 4.1. *Terms of Reference*
 - 4.2. *Membership*
 - 4.3. *Agenda and Minutes*
 - 4.4. *Monthly meetings*

WSIB (HR)

5. *WSIB*

Canada Labour (RMSPD/HR)

6. *RMSPD/HR Responsibilities*
 - 6.1. *Compliance form*
 - 6.2. *EAHOR report*
 - 6.3. *Assurance of Voluntary Compliance*
 - 6.4. *Workplace Committee Report*
 - 6.5. *Legislation Compliance*

Manager's Responsibilities

The Manager will ensure the workplace is free from hazards. In order to accomplish a safe working environment for his/her employees, the manager will complete the various types of inspections that are required under Canada Labour legislation. Since each building site has one certified Joint and Health Safety Committee worker representative and in some cases a certified Manager representative it is possible for the Manager to perform the inspections and forward the results of the inspections to the Human Resources Department.

Building Inspections [\(see appendix C\)](#)

Buildings inspections have moved from the Human Resources Department to the Manager in charge of the building where he/she works with his/her staff. The Manager will decide on a date in which to conduct a building inspection and send the date to the Human Resources Department who will be coordinating the schedule for all managers [\(see appendix C\)](#). The Manager will work with a staff member who is also a certified worker member on the Joint Health and Safety Committee.

On the designated date, the Manager will complete the building inspection and give the completed hardcopy to the Human Resources Department. The role of the Advisor is to note the date in which the building inspection form has been received and create a PDF file for the Joint Health and Safety meeting for discussion. The HR Advisor will record the information on the report and submit the report to the Risk Management and Strategic Planning Director.

The following are the steps for the follow-up to the building inspection:

- Building Inspections are scheduled and carried out
- Forward originals to HR
- HR makes copy and uses it for discussion at the JHSC meeting
- Give that copy to the Manager for changes, if needed
- Manager has 30 days to make changes or address issues, if needed
- Return the Building Inspection form to HR, with notations on what was addressed.
- Copy is made and forwarded to Director of Operations / RMSP Director for follow-up.
- In the event that there are items which are not addressed; a Deficiency Action Form is completed by JHSC and submitted to RMSPD for their follow-up [\(see appendix CII\)](#).

First Aid Kits Inspections

A Joint Health and Safety member will conduct a First Aid Kit inspection monthly in his/her department and submit the completed form to the Manager who will submit the form to the Human Resources Department. If supplies are needed the HR Advisor will complete

an purchase order form and a cheque requisition form. In some cases, the Manager may complete such an order on own. [\(see appendix CIII\)](#).

Fire Extinguishers Inspections

The Manager, with the exception of the Day Care Manager, will submit a copy of the fire extinguisher form to the Infrastructure Department. The Infrastructure Director will ensure that the fire extinguishers inspections are completed yearly. A JHSC member assigned to that building will inspect the fire extinguishers on a monthly basis. He/she will submit the report to the Manager, who will in turn submit the form to the HR Department [\(see appendix CIV\)](#).

The Day Care Manager has her own process but will complete the Fire Extinguishers inspection report to the Human Resources Department. The Day Care Manager will conduct monthly inspections and forward the information to the Human Resources Department.

Automated External Defibrillator (AED) Inspections

A Joint Health and Safety member will conduct an AED inspection once a month in his/her department and submit the completed form to the Manager, who will forward it to the Human Resources Department [\(see appendix CV\)](#). Not all departments have an AED to inspect and it falls upon the HR Department to forward an inspection report to only those departments that have an AED.

The MSDS Binder

The Manager will ensure the Materials Safety Data Sheets which have been placed in every department is up-to-date and report if there are changes to the materials listed in the binder. The information must be relayed to the Human Resources Department.

The Bulletin Board

This is the responsibility of the Joint Health and Safety Committee member at each workplace. They will ensure it is up to date. The Manager will ensure the workplace is free from hazards. [\(see appendix CVI\)](#).

Reporting Procedures

The Manager will send all reports to the HR Department with an electronic copy to the RMSPD and the Director of Operations so that they become aware of the needs or hazards in each department. [\(see appendix page CVII for one type of report\)](#)

Incidents and Accidents (RMSPD/HR)

Manager's Responsibilities

The Manager is responsible for reporting all incidents of workplace injuries, apart from minor injuries if cleared by the Community Health Nurse, and workplace hazards.

RMSPD/HR Responsibilities

The Risk Management and Strategic Director is responsible for reporting to the Director of Operations the type and severity of injuries that has taken place in the organization.

As part of the Risk Management portfolio he/she must ensure that he/she has a good grasp of Health and Safety legislation, reporting procedures and the role of the Joint Health and Safety Committee.

He/she will create a monthly/yearly report summarizing what hazards there are, the risks involved and follow up with reports that are due.

His/her role is that of a supervisory one, relying upon Human Resources for information. He/she will engage the assistance of the HR Advisor in sending out forms, following up on reports and completing incidents reports.

It falls upon the Risk Manager to oversee investigations that are of a serious nature such as death, loss of limb or mobility.

Incident Occurrence (Manager→HR Advisor→RMSPD)

When an accident has occurred, the employee will report the workplace injury to his/her supervisor who in turn will complete the Supervisor's section on the Incident Form. The Manager will bring in the Incident Form to the Human Resources Department.

The HR Advisor will date stamp the incident report and record the information in the incoming correspondence binder. A copy of the incident report will be made for reference and filed in the Joint Health and Safety file even when it is still incomplete.

The HR Advisor will immediately inform the RMSPD that an incident has occurred via email and that the form is completed up to the investigation. This includes situations whereby the HR Advisor hears about an accident but has not seen a report yet. They will still notify the RMSPD immediately for follow-up.

The Manager will also report Near Misses/At Risk situations as the workplace may have some health and safety issues that the RMSPD and the Director of Operations must be made aware of.

The Investigation (Manager→HR Advisor→RMSPD)

The investigation should follow on the same day as the incident *(see appendix CVIII)*.

For serious injuries, such as a fall where the employee is unconscious or an employee has broken a bone or even if a broken bone is suspected, the Manager must make sure the workplace site is free from contamination. Pictures must be taken of the injury site with various angles showing how the injury may have occurred.

The Manager will ask the Infrastructure for a tape to wrap around the injury site in the cases of serious injuries until an investigation could take place. In the case of a death, the

Canada Labour representative will want to conduct an investigation where the injury site is free from contamination.

In conducting the investigation, the Manager will require a team of one certified manager and one certified worker. They first look for their in-house JHSC worker and if the Manager is not certified they will look on the building's Bulletin Board at the JHSC member list. They will ask a certified Manager to help with investigation.

The Manager will submit the completed investigation form to the Human Resources Department with a completed Incident Form.

Workplace Safety Insurance Board (WSIB)

If at all possible the Manager should accompany the injured worker to the hospital in cases of serious injuries. The employee or Manager will inform admissions that the injury occurred at work so the medical doctor is alerted to this fact. The medical team may ask the employee but it is the employee's responsibility to ensure the doctor is aware that the injury is work-related.

The medical doctor will complete a Form 8. There has been incidents where the employee did not receive a copy and therefore it falls upon the employee to make sure he/she receives a copy. If the employee is not able to ask for one in cases of unconsciousness it falls upon the Manager or the person delegated to take the injured employee to the hospital.

When the employee or Manager or delegated person receives the Form 8 it is required that this form is immediately given to the HR Advisor. The HR Advisor works with a time limit on filling out the WSIB form. The HR Advisor will complete the WSIB report as soon as possible in order to meet legislative compliance.

The HR Advisor will forward the incident form with the investigative report to the RMSPD who will review and sign the incident report. The original copy will be placed in the Health Benefit employee file, a copy with names removed will be filed in the JHSC file until the agenda is drawn for the monthly meeting where it will be discussed and how to take measures for future prevention.

The incident must be reported on a summary sheet by the HR Advisor and the form updated regularly in the HR Drive so the RMSPD can access the current report when need be. [*\(see appendix XXXII\)*](#):

Modified Work

The Manager will ensure that the employee has completed a modified work schedule as part of the Return to Work. The modified work schedule must be accompanied by the medical note which states the kind of modification that is required for the employee. At times a Functional Abilities Form (FAF) is completed by a medical doctor for the employee. When the copy is received by the HR Advisor will file it in the employee's Health Benefit file. It will be a requirement for the employee to receive a full bill of health from the

medical doctor before returning to full time duties or begin regular duties.

The forms will be submitted to the Human Resources Department to be included in the Health Benefits employee file [\(see appendix CIX\)](#):

WSIB Procedures

The RMSPD and the Finance Manager will oversee the process for all WSIB claims. The following are the steps that must be taken to ensure compliance to WSIB policies and due diligence:

WSIB Correspondence

The Finance Manager is responsible for opening up all WSIB correspondence and delivering the correspondence to the Human Resources Department for action.

WORKER INJURY PROCEDURES

Step 1: Worker Information

- When an injury occurs at work or on the job site, it is the employer's responsibility, namely the HR Advisor, to inform the injured worker that he/she is entitled to WSIB benefits while off work due to the injury. This includes treatments required such as physiotherapy or chiropractic care and medical appointments. WSIB will cover up to 85% of the net earnings of the yearly wages for the injured worker. **It must be stressed MFN will not pay for lost time nor will it use any sick leave time as they are designated for workplace injury claims.**

Step 2: Form 7

- An employee has had an accident at work. See page 3 of the Reference Guide for Employers, Form 7 for reporting obligations)
- The HR Advisor will complete the Form 7 if either situations exists:
 - If the worker is absent from work, except the day of the work injury, because of the work injury, the HR Advisor will complete the WSIB Form 7 and submit to WSIB within three calendar days. The worker has "lost time" which the employer **will not pay.**
 - If the worker has received medical attention from a medical practitioner.
 - The first day of the injury is paid by the employer, as well as any transportation costs to the hospital or medical office; any lost time after that the employer **will not pay.**

Step 3: Form 8

- The medical practitioner will complete the Form 8 and provide a copy to the worker so that the worker can give the copy to the employer which in this case is the HR Advisor.

Step 4: Form 7

- The Form 8 which describes the injury and what modifications are needed or the number of days the worker must be off work is recorded and assists the HR Advisor in completing the Form 7.
- It is imperative the Form 7 is completed fully and accurately. There are penalties if the Form is submitted late and is incomplete.
- The Form 7 can be completed online, mailed or faxed. There are only three (3) calendar days in which the Form 7 can be submitted.
- When the Form 7 is submitted, the HR Advisor must advise the worker to submit a Form 6. The worker must provide a copy of the Form 6 to the HR Department.

Step 5: Form 6 (the worker's claim for benefits)

- The HR Advisor must submit a blank copy to the injured worker or indicate how to fill out the form online.
- It is obligatory for the injured worker to provide a copy to the employer which in this case is the HR Department.
- If a Form 7 did not have any lost time indicated on it, the HR Advisor must call WSIB and speak with the adjudicator that he/she has received a copy of the Form 6 and there will be lost time. The HR Advisor may have to submit an amended form to WSIB.

Step 6: Functional Abilities Form (FAF)

- As soon as possible after an accident, the injured worker must also consent to disclose his/her functional abilities information which is provided by the treating health professional such as a chiropractor, physiotherapist and so forth (Please see page 1 of Workers' Requirement to Claim and Consent). Please note that the Form 8 will be paid by WSIB.

Step 7: Amendments to the Form 7

- If a Form 7 did not have any lost time indicated on it, the HR Advisor must call WSIB and speak to the adjudicator who is handling the case

Step 8: Leave of Absence Forms

- The Manager of the injured worker must submit a copy of the leave of absence form. The Manager will record on the leave of absence form "taken without pay". It is the responsibility of the HR Department and the injured worker to provide copies of the leave of absence form to WSIB. **WSIB requires due diligence in accurate reporting.**

Step 9: Employer's Progress Report (Form 42)

- The HR Advisor must keep abreast of any new developments with the injured worker such as recovery date, or full recovery or continued disability.
- This form is typically generated by WSIB.

- The injured worker should feel they are still part of the organization. The Manager and the HR Advisor should show interest and concern for the injured worker.

Step 10: Employer's Subsequent Statement

- The HR Advisor will complete the Employer's Subsequent Statement when the injured worker is able to return to full duties in order to prevent overpayments.

Summary Reports

The RMSPD is responsible for creating summary reports of all incidences, workplace inspections and legislative compliance forms. They may ask the HR Advisor for administrative support . The Summary Report may be taken to Chief and Council and Program Manager's meetings.

Joint and Safety Committee (HR)

Terms of Reference

The term of reference sets out the guidelines for the Joint Health and Safety Committee, i.e how many meetings annually, date and time in which meetings occur, how many members , certification of members and so forth ([see appendix CX](#)).

Membership

The Human Resources Department at one time was responsible for inviting employees to join. It falls upon management to make sure they have one worker rep who will attend meetings. The JHSC is also made up of management, so it is in the best interest of the management to select at least two or three to attend meetings on a regular basis.

Agenda and Minutes

The Human Resources Advisor will set out the agenda items and have it ready for the next JHSC meeting ([see appendix CXI](#)). Either the HR Advisor or the RMSPD or both will be in attendance at the meeting. The chairperson will conduct the meeting for the month and at the end an alternate member will offer to chair. The HR Advisor will not conduct meetings but will act as a resource person. Minutes are completed by the Administrative Assistant from Health and Social Services.

Monthly Meetings

The JHSC meetings have a requirement from Canada Labour Health and Safety regulations of 9 per year.

Canada Labour (RMSPD)

EAHOR

The Employer's Annual Hazardous Occurrence Report ([see appendix CXII](#)) is done once a year. It is a mandatory report and the RMSPD must ensure that is completed promptly (in the past this was done by the HR Advisor).

Workplace Committee Report

The HR Advisor will ensure the Work Place Committee Report (the federal form for the Joint Health and Safety Committee) is submitted to the Canada Labour Program in a timely manner. The report includes number of meetings, number of injuries and so forth. ([see appendix CXIII](#)).

Canada Labour Legislation

Website

Canada Labour Legislation

<https://www.canada.ca/en/employment-social-development/programs/employment-standards/federal-standards.html>

Human Rights Legislation

<https://www.chrc-ccdp.gc.ca/eng/content/aboriginal-employment-preferences-policy>

Forms

No	Name of Document
1	Summary
1A	Filing a Complaint
2	Minimum Wages
3	Annual Vacations
4	General Holidays
4A	General Holidays – Continuous Operations
5	Maternity-Related Reassignment and Leave, Maternity and Parental Leave
5A	Compassionate Care Leave
5B	Leave Related to Critical Illness
5C	Leave Related to Death or Disappearance
6	Bereavement Leave
7	Sick Leave, Work-Related Illness and Injury Leave, and Long-Term Disability Plans
8	Unjust Dismissal
9	Hours of Work
10	Terminations
11	Wage Recovery
12	Sexual Harassment
13	Deductions from Wages
14	Keeping of Records



Position	
Accountability	
Department	
Employment Status	
Hours of Work	
Approved	
Last Updated	

JOB PURPOSE / SUMMARY

SCOPE

KEY JOB FUNCTIONS

MINIMUM QUALIFICATIONS

Education and Experience

Other Qualifications

Knowledge

Skills

Personal Attributes

WORK SITE LOCATION

TECHNOLOGY & EQUIPMENT

PHYSICAL DEMANDS & WORK ENVIRONMENT

SENSORY DEMANDS

MENTAL DEMANDS

KEY RELATIONSHIPS

Internal:

External:

DISCLAIMER

This document describes the position currently available and is only a summary of the typical functions of the job. It is not an employment contract. The above job description is not an exhaustive list of the duties, responsibilities, working conditions or skills required for this position. Additional duties may be assigned. Mississauga First Nation reserves the right to modify job duties or the job description at any time.

SIGNATURE

This is to acknowledge that I have received a copy of this job description and understand its contents.

Signature

Date



<u>Position:</u>	<u>Accountability:</u>
<u>Circulation Level:</u>	<u>Employment Status:</u>
<u>Hours of Work:</u>	<u>Preferences:</u>
<u>Tentative Start Date:</u>	

The (xxxxxx) will perform the following key job functions:

- ❖ .
- ❖ .
- ❖ .
- ❖ .
- ❖ .
- ❖ .

The successful candidate will possess the following qualifications, skills, experiences, and attributes:

- ❖ .
- ❖ .
- ❖ .
- ❖ .
- ❖ .
- ❖ .

*TO APPLY: Customize your cover letter and resume to the duties, experience, expectations and qualification listed on the job ad. Using concrete examples, you must show how you demonstrated the requirements for this job. We rely on the information you provide to us in your application during screening. **Successful candidates who receive interviews must provide copies of their education qualifications and certifications at the time of interview.** Please note that all interviews will be **in person**. If you would like a copy of the full job description and/or are interested in applying you may submit your covering letter, resume and three (3) work related references to:*

Mississauga First Nation
P.O. Box 1299 Blind River, Ontario P0R1B0
Marked: **CONFIDENTIAL**
EMAIL: ritac@mississaugi.com **FAX:** 705-356-1740
Deadline: Friday, March 2, 2018 at 4:00 pm

Thank you to all applicants; however, only those selected for an interview will be contacted.



CHEQUE REQUISITION

Date _____

Payable To _____

Address _____

Program _____ Cheque Amount _____

Purpose _____ Cheque Number _____

Account Department	Account Amount	Comments/Invoice Number

Front Desk

Mail-out

Urgent

Prepared By _____ Approved _____

Recruitment/Selection Checklist

Posting: _____

Closing Date: _____

Screening

- Job posting
- Conflict of Interest emails prior to blind screening
- Résumés and Cover Letters (blind screening – names removed)
- Book Activity Room and charge cost to specific department that is doing the hiring
- Screening tool form (4 blank copies – names absent from document)
- Screening/Interview tally form with applicants' names
- Blank Oath of Confidentiality form (to be signed by each screening committee member prior to the review of applications)
- Script for Arranging Interviews/Employment Reference Release Forms via email
- Confirmation Email to Candidates

Interview

- Chairperson Script
- Schedule of Interviews (inserted in each interviewer's file)
- Photocopies of the final draft of the Interview Questionnaire (each interviewer's and Candidate's name)
- Screening/Interview tally form (interview section)
- Employment Reference Release Form (3 blank copies) in case not submitted prior to interview
- Memorandum to Chief and Council

Post Interview

- Questions for Reference checks (3 blank copies)
- Script for phoning successful candidate
- Rejection phone call
- Rejection letters

Conflict of Interest

At this time, based on the candidates below please identify if you are in conflict of interest with being able to sit on the screening/interview panel. Please declare in conflict or not by responding to this email so that it may become part of the competition file.

Please remember 'Conflict of Interest' is defined as:

1. Where a person has a personal interest in the matter;
2. Where a person has a family interest in the matter in relation to their immediate or extended family;
3. Where a person has an interest in relation to their close personal friend;
4. Where a person has financial interest in the matter; and
5. Where a person has a professional or business interest in the matter.

Those that applied are as follows:

I do not have a conflict of interest

Signature

Date



OATHS OF CONFIDENTIALITY

Any and all matters concerning the Mississauga First Nation are to be considered confidential by all Mississauga First Nation personnel.

Any information regarding the recruitment, screening and hiring process within the Mississauga First Nation shall be kept confidential.

The violation or suspected violation of this policy may result in the screening committee member being subject to progressive discipline up to and including removal from the screening committee and future hiring-committees.

I have read, understood and agree to abide by this statement.

Signature of Hiring Committee Member

Signature of Program Manager

Please Print Name

Please Print Name

Date

Name of Position – July 2016					
Requirements			Name Candidate A	Name Candi- date B	Name Candi- date C
Minimum Education					
1	Grade 12 Diploma	1			
2	Post-secondary diploma or degree in [field]	3			
Minimum Experience					
3	Minimum two (2) years experience working in []	2			
4		1			
5		1			
6		1			
Knowledge					
7		1			
8	Knowledge of Microsoft Office and WordPerfect	1			
Special Skills					
9	Excellent organizational skills	1			
10	Excellent interpersonal skills	1			
11	Knowledge of travel advance and expenses claims processes	1			
12	Strong time management, use of calendars	1			
13	Good file management and record keeping	1			
14	Strong ability to keep work confidential	1			
15	Valid Class G driver's license in good standing	1			
16	Ability to multi-task.	1			
			/16	/16	/16
Administration					
	Must be willing to work flexible hours				
Schedule Interview (yes or no)					
Screening Panel Member: _____ Signature: _____ Date: _____					

Screening Tally Sheet - MFN

Position: [Position] - Term

Date: Month Day, Year

		Candidates					
	/##	Candidate A	Candidate B	Candidate C	Candidate D		
1	Manager						
2	Council Member						
3	Committee Member						
4	HR Advisor						
Total Score							
Individual Score							
Percentage							
Recommend for Interview?		Yes	Yes				
Notes							

Interview Tally Sheet - MFN

Position: [Position] - Term

Date: Month Day, Year

		Candidates					
	Hiring Committee Member /##	Candidate A	Candidate B				
1	Manager						
2	Council Member						
3	Committee Member						
4	HR Advisor						
Total Score							
Individual Score							
Percentage							
Notes:							

Date:

Subject:

Candidate:

Phone Number:

E-Mail Address:

This is my script:

Hello, this is (name of advisor), (name of position) with Mississauga First Nation calling. I am calling in regards to your application for the job posting (**name of position**). You have been selected for an interview, which will be held on (**date**). Would you like to participate in an interview?

We have the following times available:

9:00 am – 10:00 a.m.

10:00 am – 11:00 a.m.

11:00 am – 12:00 a.m.

Which time do you prefer?

The interview will take place at the **Dreamcatcher's Complex** on 64 Park Road, in Mississauga First Nation.

On your résumé, you indicated your email as being (**email address**) — can we use that to send a copy of our Employment Reference Release Form?

Please complete and bring to the interview.

Lastly, do you require any special accommodations for the interview? If candidate wants to know what is meant by that, say: do you need help accessing the building or need any special accommodation with visual or hearing for example?

Thank you for your time and we are looking forward to seeing you.

Interview Confirmation Email Insert

Please find attached a copy of the Employment Reference Release Form. The references you supply must be work related. You can fill it out and email me the completed copy or bring it with you at the time of the interviews.

Your interview time, date and place is as follows:

Date: March 1, 2016

Time: 5:50 pm

Place: Dreamcatcher's Complex, Activity Room

If you have any questions, do not hesitate to contact me. Miigwetch.

Employment Reference Release Form

I, _____ (full name) have applied for the position of _____ with Mississauga First Nation. I understand that a condition of employment is verification of past employment, education and other information provided on my résumé and/or application.

Accordingly, I give Mississauga First Nation, the authorization to obtain or exchange any personal information with the references listed below.

Please list three (3) employment references (current or most recent employer first)

Reference 1:

Company Name: _____
Position(s) held: _____
Supervisor Name and Title: _____
Telephone Number: _____
E-mail Address: _____

Reference 2:

Company Name: _____
Position(s) held: _____
Supervisor Name and Title: _____
Telephone Number: _____
E-mail Address: _____

Reference 3:

Company Name: _____
Position(s) held: _____
Supervisor Name and Title: _____
Telephone Number: _____
E-mail Address: _____

Candidate Authorization:

Full Name: _____ (please print clearly)
E-mail: _____
Signature: _____
Date: _____

Interview Questions –

/##

Applicant Name: Hiring Board Member: Date/Time of Interview: Actual Start Time/Finish: <hr style="width: 200px; margin-left: 0;"/>	<p style="text-align: center;"><u>Scoring Grid</u></p> 1 – very little knowledge & understanding 2 – little knowledge & understanding 3 – some knowledge & understanding 4 – good knowledge & understanding 5 – exceptional knowledge and understanding
--	---

Interview Question	Anticipated Response	Applicant's Response	Score
1. Tell us about your education, practical work experience and qualities that would qualify you to succeed in this position?	<input type="checkbox"/> Bachelor's Degree or possession of some Post-Secondary education <input type="checkbox"/> <input type="checkbox"/>		(____/10)

ADMINISTRATIVE QUESTIONS

1. Have you ever been convicted of an offence for which you have not received a pardon? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. According to our job posting, preference will be given to those of aboriginal descent. Are you of aboriginal descent? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do you have a valid driver's license and access/use of a vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. If you are the successful applicant when would you be available to start?
5. Do you have any questions?
TOTAL SCORE (____/80)

INTERVIEW SCHEDULE

Mississauga First Nation

Job Title: (Position)

Location: Activity Room

Date: Month Day, Year

	CANDIDATE'S NAME	TELEPHONE NUMBER	CONFIRMED	INTERVIEW (40 minutes)
1			Yes	1:15 p.m. – 2:00 p.m.
3			Yes	2:00 p.m. – 2:45 p.m.

Panel Members: and (Chair)

Introduction

Greetings (the candidate)! Introduce members of the interview team. Make the candidate feel at ease. (Where applicable, offer the candidate something to drink, pad of paper available to take notes.)

Interview Panel Members:

<List panel members>

The purpose of the interview:

The purpose of the interview today is to determine whether there is a match between your interests and qualifications and the position of <position> with Mississauga First Nation. The process will consist of an oral interview. If at any time you do not understand a question or need to take a break, let me know.

The structure of the interview:

To enable us to make a proper decision we will be asking you a series of questions, <##> in total. Some of these will be knowledge-based while others will ask you to focus on events or situations where you played a key role. At times we may ask you for details to more fully explore your answer. We would like you to focus on recent situations that have occurred and are relevant to your work and this position. Use different examples for each question where possible, in order to demonstrate your various experiences. The interview will be 60 minutes in length, please manage your time appropriately.

We ask that you set aside any materials, as this interview is based on your knowledge, skills, and abilities as it relates to the position you have applied for.

*We have provided you with a **paper and pencil** for you to make any notes you wish. During the interview, if something comes to mind, **you can go back to any question and add to your original answer.***

*We will also be taking notes during the interview, so please do not mind us if we are not making **eye contact** with you, but we are listening to you as we write.*

*At the **end of your interview**, we will give you a **chance to ask us any questions** you might have.*

Could you please provide me with the completed *Employment Reference Consent Form*.

Do you have any questions before we get started?

Closure

Are there any **questions you would like to revisit**?

Do you have any questions for us?

We will be **completing reference checks within the next week or two**. The **start date** for the successful candidate will depend on what arrangements can be made.

Interview Results:

<u>Applicant Name</u>	<u>Screening Results</u>	<u>Academic Qualifications</u>	<u>Reference Check</u>	<u>Comments</u>

Other Comments:

Mississauga Band Member:

REFERENCE CHECK QUESTIONNAIRE
MISSISSAUGA FIRST NATION

Name of Candidate: _____ Name _____
Position Applied For: _____ Position _____
Reference Name: _____ Reference Name _____
Organization: _____ Organization _____
Title: _____ Title _____
Telephone number: _____ (###) ###-####

Mississauga First Nation and has received proper authorization from the candidate to contact references for the purposes of obtaining information relating to his/her employment history. _____ Name _____ has applied for the position _____ has applied for the position of _____ Position _____ with Mississauga First Nation and has listed you as a reference.

- 1) How long did you know the candidate as an employee in your organization? What were the approximate dates?

- 2) How do you know candidate? Professional _____ Personal _____ (this question in the event that they are related)

- 3) What was the position and what were some of the major duties?

- 4) How well did they perform those duties?

- 5) Name some of the candidate's strengths? Where there areas that needed improvement?

- 6) Can you describe how well the candidate used any of these qualities: **(complete only those applicable to candidate):**
 - a. Ability to take initiative:

b. Ability to use his/her conflict resolution skills

c. *Opportunity to use his/her counselling and advocacy skills (not applicable to all)*

d. Knowledge, understanding and practice of culture and traditions

e. Opportunity to use his/her presentation skills

7) Have you received any complaints about this person from his/her subordinates or co-workers? If yes, what were the complaints?

Yes No

8) Can you tell us if the candidate had any attendance problems, such as tardiness, absences, reliability, etc. during their course of employment? If yes, please provide details?

Yes No

9) What were/are the candidate's reasons for leaving your company?

10) Would you rehire this person? Why or why not?

Yes No

11) Is there anything else of significance that we should know relative to their job performance or work attitude? In your opinion, how well do you think the employee will do in this position?

Performed by: _____

Date: _____

Candidate:

Date:

Phone:

Script for Offering a Position by Phone

Hello. Is this **(name of candidate)**? This is Sheila Jacobs, Human Resources Advisor with Mississauga First Nation. I am calling in regards to the recent interview you had **(date)**. We are offering you the position of **“name of position”**. Do you accept?

Possibility One: They can come in to sign letter of offer

Are you able to come in to sign the letter of offer today? If she says yes, say, your first day of work will be **(date)**. Do you have a pen and paper handy? **When you come in to sign the letter of offer**, this is the documentation that we require: your driver’s license, your status card, your social insurance card, proof of your academic qualifications — whether transcripts or diploma, and any certificates of training that you identified on your résumé. We will also be providing you a letter to take to the Ontario Provincial Police to obtain your Criminal Records Check and Vulnerable Sector Screening Check. Any questions? Thank you. Welcome aboard.

Possibility Two: She cannot come in to sign letter of offer

Are you able to come in to sign the letter of offer? If she says no, say, we would like to send you a copy of the letter of offer today via email. Can we use the email address you indicated on your résumé? (If there is no email on résumé, ask if she has one that we could use) If there is no email address at all, say, is there a fax number that we can use so that you can receive the letter offer today? If not, then the letter of offer must be sent by mail.

We will include a list of documentation that will be required when you come in on your first day of work which is **(date)**. The documentation required is: driver’s license, status card, social insurance card, proof of academic qualifications — whether transcripts or diploma, and any certificates of training that you identified on your résumé. There will also be a letter for you to provide to the Ontario Provincial Police so that you can obtain your Criminal Records Check as well as a Vulnerable Sector Screening Check. Any questions? Thank you. Welcome aboard.

Script for Phoning Candidates of Rejection

To:

Date:

Re:

Phone:

Hi, this is Sheila Jacobs. I am calling about the results for the position of **(name of position)** that you applied for. We selected another candidate for this position and I just wanted to let you know by phone of our decision. Do you have any questions with regards to the how the interview went?

I also want to let you know that as other positions come up in our organization that you believe your qualifications meet the criteria, please feel free to apply again. I wish you the best in your future endeavours. Thank you.

Comments:



<date>

<name>

<street address>

<city, province>

<postal code>

Dear **<name>**:

Thank you for your interest in the **<position>** position with Mississauga First Nation and your participation in the interview. We appreciated the opportunity to meet you to discuss your credentials; however, we have identified another candidate whose background and experience more closely meet the requirements we were looking for. If you have any questions, please do not hesitate to contact me.

We wish you all the best in your future endeavors.

Sincerely,

<name>

<position>

Telephone:

Fax: 705-356-1740

Email:

The Calculation of Various Leaves

HR calculates the following for each new employee and shares calculation with the Manager and both confirm with Finance.

VACATION

32 hours/week or 6.4 hr/day	34.5 hours/week or 6.9 hr/day	40 hours/week or 8 hr/day
$1.25 \times 12 \text{ mo.} \times 6.4 =$ 96.0 hrs/yr.	$1.25 \times 12 \text{ mo.} \times 6.9 =$ 103.5 hrs/yr.	$1.25 \times 12 \text{ mo.} \times 8.0 =$ 120.0 hrs/yr.
Prorated - Employee is hired October 16th - mid month:		
Example: $1.25 \times 24/52 \text{ of a month} \times 12 \text{ months} \times 6.4 =$ 44.31 hrs/yr.		

SICK LEAVE CREDITS

$0.92 \times 12 \text{ mo.} \times 6.4 =$ 70.65 hrs/yr.	$0.92 \times 12 \text{ mo.} \times 6.9 =$ 76.18 hrs/yr.	$0.92 \times 12 \text{ mo.} \times 8.0 =$ 88.32 hrs/yr.
Prorated — Employee is hired October 16th, mid month:		
Example: $0.92 \times 24/52 \text{ of a month} \times 12 \text{ mo.} \times 6.4 =$ 32.61 hrs/yr.		

MENTAL HEALTH LEAVE CREDITS

$0.33 \times 12 \text{ mo.} \times 6.4 =$ 25.00 hrs/yr.	$0.33 \times 12 \text{ mo.} \times 6.9 =$ 27.32 hrs/yr.	$0.33 \times 12 \text{ mo.} \times 8 =$ 31.68 hrs/yr.
Prorated — Employee is hired October 16th, mid month:		
Example: $0.33 \times 24/52 \text{ of a month} \times 12 \text{ mo.} \times 6.4 =$ 11.69 hrs/yr.		

TERM/PART-TIME/LS - SICK LEAVE CREDITS ONLY VACATION: 4%

$0.0071 \times 32 \text{ hrs} \times 6.4 =$ 1.454 hrs/week $1.454 \times 52 =$ 75.61 hours	$0.0071 \times 32 \text{ hrs} \times 6.9 =$ 1.568 hrs/week $1.568 \times 52 =$ 81.52 hours	$0.0071 \times 32 \text{ hrs} \times 8 =$ 1.818 hrs/week $1.818 \times 52 =$ 94.52 hours
Summer Students, Casual, and 10-day hires are not eligible for sick leave credits, but instead are entitled to 4% Vacation.		
A 24-hour week: $0.958 \times 12 \text{ mo.} \times 24/5 =$ 55.2 hrs/yr.		Note: $11.5\text{d}/12 = 0.958$



MISSISSAUGA FIRST NATION EMPLOYEE DATA SHEET

Employment Status			Briefing Note Information		
<input type="checkbox"/> New Employee <input type="checkbox"/> Rehire <input type="checkbox"/> Current					
Legal Last Name		Legal First Name		Legal Middle Name	
Date of Birth (YYYY/MM/DD)		Social Insurance Number		Status Card Number	
Marital Status				Sex	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated				<input type="checkbox"/> Female <input type="checkbox"/> Male	
Street Address		Post Office Box	Town/City		Postal Code
Home Phone Number		Cell Number		Work Number	
Driver's License	Class		License Number/Expiry Date		
Yes No	G1 G2 G Other:				
Employee Signature			Date		
X			X		
Sick Leave _____ hrs; MH Leave _____ hrs; AL: _____ weeks; Hourly rate _____ @ _____ P.A. Wage Inc: _____ ; CPP (65-70, Y/N, CPT30); Other: _____					
Contract Start Date (YYYY/MM/DD)		Contract End Date (YYYY/MM/DD)		Classification	
Rate Per Hour		Benefits Date Effective	Pension 5 or 7%	Employee Number	
Job Title		Account (4) – Department Code (3)			
Employee's Reason for Exiting		ROE Issued Date / Letter Code		Estimated Recall Date (YYYY/MM/DD)	
Manager Name / Signature			Date		
X			X		

NOTE: Personal information provided on this form is collected pursuant to section 39(1) of the Freedom of Information and Protection of Privacy Act, RSO 1990, c. F.31. This information will be used for the purpose of employment and payroll as an employee of Mississauga First Nation. For further information, please contact the Human Resources Department.



MISSISSAUGA FIRST NATION EMPLOYEE DATA SHEET

DEFINITIONS or PURPOSE

Lay off: a temporary (less than three months) or seasonal (will be recalled to position) period of unemployment.

Termination: end of term contract, end of employment with or without cause as a result of performance issues before or after probationary period or due to organization realignment and the elimination of position.

Leave: an approved leave as per the Canada Labour Code and/or Mississauga First Nation's Personnel Policy, whether paid or unpaid.

Quit: whereby the employee relinquishes all rights to position on their own accord.

Social Insurance Number: All employees must produce the actual card for employment purposes. A paper copy is acceptable. The card will be visually confirmed only.

First Nation Status Card: The status card number is required for the form "Determination of Exemption of an Indian's Employment Income. The card will be visually confirmed only.

Driver's License: for the purpose of driving Mississauga First Nation vehicles in the course of employment. The card will be visually confirmed only.

Class: to record the class of license the employee has. G1, G2, G, A, B, C, D, F, M1, M2, M

License Number/Expiry: record of the license number and expiry date with any restrictions.

CLASSIFICATION:

Fulltime Permanent (F/T): There is no fixed end date, and the employee in the position works what has been determined to be full-time hours for that position.

Part-time Permanent (P/T): There is no fixed end date, and the employee in the position works part-time hours, which can be up to 100% of full-time hours.

Term (T): A position of an emergent or short-term nature. An employee in a term position will have a tenure that is limited to a defined period of time.

Relief (R): The employee provides short-term relief of full-time, part-time, or term employees. Hours are typically assigned on a casual/call-in basis.

Student (S): Residents of Ontario returning to secondary or post-secondary education on a full-time basis for the upcoming term. Positions can be summer employment or co-op work terms

Labour Services Permanent – Seasonal (LS): an employee who has been designated as such and is subject to seasonal layoff and recall, and who has successfully completed an initial probationary period.

Volunteer (V): A person in a term position, either sponsored or un-sponsored not receiving pay.

Placement (P): A person in a term position, either sponsored or un-sponsored not receiving pay.

Acting (A): An employee who has been granted a leave from their 'home' position and is fulfilling another position within the organization.

Wage Grid/Range: the minimum and maximum hourly dollar rate of compensation for the position based on the approved wage grid/range for that fiscal year.

Reason for Exiting: what an employee/employer identifies as the reason for leaving (termination, quit, lay-off, maternity/paternity leave, educational leave (paid, unpaid) etc.

ROE Issued Date/Code: the date that Record of Employment was issued and the code used to reflect the reason for issuing the ROE.

Estimated Recall Date: the expected return date for an employee who is on seasonal layoff, temporary layoff, or unpaid leave. Please note that a new employee data sheet is not required as Payroll as this in the system.

NOTE: Personal information provided on this form is collected pursuant to section 39(1) of the Freedom of Information and Protection of Privacy Act, RSO 1990, c. F.31. The information will be used in the event of an emergency if Mississauga First Nation, as the employer, needs to make contact with your emergency contact(s). For further information, please contact the Human Resources Department.

TD1 (Federal)

Canada Revenue Agency
Agence du revenu du Canada

2017 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.

NEW - The sections "Canada caregiver amount for infirm children under age 18" and "Canada caregiver amount for dependants age 18 or older" include changes proposed in the 2017 federal budget and replace the previous sections "Caregiver amount" and "Amount for infirm dependants age 18 or older". For more information, go to www.cra.gc.ca/td1 (French only link).

Last name		First name and initials		Date of birth (YYYY/MM/DD)	Employee number	Social insurance number	
Address, including postal code		Country or permanent residence		For non-residents only -			
1. Basic personal amount - Every resident of Canada can claim this amount. If you will have more than one employer or payer at the same time in 2017, 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.							
2. Canada caregiver amount for infirm children under age 18 - Either parent (but not both), may claim \$2,150 for each infirm child under age 18 who is entitled to claim the "Amount for an eligible dependent" on the 8 may also claim the Canada caregiver amount for that same child who is under age 18.							
3. Age amount - If you will be 65 or older on December 31, 2017, and your net income for the year from all sources will be \$36,430 or less, enter \$1,253. If your net income for the year will be between \$36,430 and \$44,399 and you want to calculate a partial claim, get Form TD-1495, <i>Worksheet for the 2017 Federal Tax Credit Refund</i> , and fill in the appropriate section.							
4. 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 \$2,000 or your estimated annual pension income, whichever is less.							
5. Tuition (full time and part time) - 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.							
6. Disability amount - If you will claim the disability amount on your income tax return by using Form T2201, <i>Disability Tax Credit Certificate</i> , enter \$5,115.							
7. 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 \$11,635 (61,765 if he or she is infirm), 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 \$11,635 or more (61,765 or more if he or she is infirm), you cannot claim this amount. In all cases, if his or her net income for the year will be \$23,046 or less and he or she is infirm, go to line 9.							
8. Amount for an eligible dependent - 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 \$11,635 (61,765 if he or she is infirm) and you cannot claim the spouse or common-law partner amount, enter the difference between this amount and his or her estimated net income. If his or her net income for the year will be \$11,635 or more (61,765 or more if he or she is infirm), you cannot claim this amount. In all cases, if his or her net income for the year will be \$23,046 or less and he or she is infirm and is age 18 or older, go to line 9.							
9. Canada caregiver amount for eligible dependent or spouse or common-law partner - If, at any time in the year, you support an infirm eligible dependent (aged 18 or older) or an infirm spouse or common-law partner whose net income for the year will be \$23,046 or less, get Form TD-1495 and fill in the appropriate section.							
10. Canada caregiver amount for dependants age 18 or older - If, at any time in the year, you support an infirm dependent age 18 or older and you support an eligible dependent or eligible spouse or common-law partner, you cannot claim the amount for an eligible dependent. If you have claimed an amount for this or her net income under \$13,785, whose net income for the year will be \$16,163 or less, enter \$5,833. If his or her net income for the year will be between \$16,163 and \$23,046 and you want to calculate a partial claim, get Form TD-1495 and fill in the appropriate section. You can claim this amount for more than one infirm dependent age 18 or older. If you are claiming this amount, with another caregiver who supports the same dependent, get Form TD-1495 and fill in the appropriate section.							
11. 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 amount, or disability amount on his or her income tax return, enter the unused amount.							
12. Amounts transferred from a dependent - If your dependent will not use all of his or her disability amount on his or her income tax return, enter the unused amount. If your spouse's or common-law partner's dependent child or grandchild will not use all of his or her tuition amount on his or her income tax 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.							

TD1-E (04/2017)

(Ce formulaire est disponible en français.)

Page 1 of 2



Clear Data

Help

Protected B when completed

Filling out Form TD1
Fill out this form only if:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other
- 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; or
- 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 2017, 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 2017?

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 you claim amount on line 13 is more than \$11,635, 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 \$11,635), 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 2017, you may be able to claim the child amount on Form TD1SK, *2017 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 2017, you can claim:

- \$11,000 for each day that you live in the prescribed northern zone; or
- \$22,000 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.

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 interest, dividends, or pension payments. 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 (education amounts earned forward from the previous year). To make this request, fill out Form T2123, *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 administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions under the *Income Tax Act*. Individuals have the right to request access to or request correction of their tax or citizenship information. Send to: www.cra.gc.ca/privacy or 1-877-975-7239. Personal Information Bank CEA P42-120.

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 _____ YYYYYMMDD

Page 2 of 2

Clear Data

Help

Protected B when completed



2017 Ontario
Personal Tax Credits Return

Clear Data Help
Protected B when completed
TD1ON

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.

NEW – In accordance with the 2017 Ontario budget, we removed the Amount for infirm dependants age 18 or older and we changed the "Caregiver amount."

Last name	First name and initials	Date of birth (YYYYMMDD)	Employee number
Address	Postal code	For non-residents only – Country of permanent residence	Social insurance number
1. Basic personal amount – Every person employed in Ontario and every pensioner residing in Ontario can claim this amount. If you will have more than one employer or payer at the same time in 2017, see "More than one employer or payer at the same time" on page 2.			
2. Age amount – If you will be 65 or older on December 31, 2017, and your total income from all sources will be \$38,699 or less, enter \$4,699. If you will be 70 or older on December 31, 2017, and your total income from all sources will be \$38,699 or less, enter \$5,699. If you are 65 or older on December 31, 2017, and your total income from all sources will be \$38,699 or less, enter \$7,000. <i>Viewsheet for the 2017 Ontario Personal Tax Credits Return, and fill in the appropriate section.</i>			10,171
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 \$1,400, or your estimated annual pension income, whichever is less.			
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 in a section 171 or 172 eligible year, or you have enrolled, and you will pay more than \$100 per institution in tuition fees, in a section 171 or 172 eligible year, for the calendar year, enter the amount of tuition and education amounts for 2017. The total of tuition and education amounts for 2017 will be \$647 per month for each month you are 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 for the periods before September 5, 2017, plus \$164 for each month before September 2017 that you will be enrolled part-time.			
5. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, Disability Tax Credit Certificate, enter \$217.			
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 \$884 or less, enter \$8,653. If his or her net income for the year will be between \$884 and \$9,500 and you want to calculate a partial claim, get Form TD1ON-VWS and fill in the appropriate section.			
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 \$884 or less, enter \$8,653. If his or her net income for the year will be between \$884 and \$9,500 and you want to calculate a partial claim, get Form TD1ON-VWS and fill in the appropriate section.			
8. Caregiver amount – If you are supporting an infirm eligible dependant (aged 18 or older), whose net income for the year will be \$16,401 or less, enter \$4,734. If the dependant's net income for the year will be between \$16,401 and \$21,185, and you want to calculate a partial claim, get Form TD1ON-VWS and fill in the appropriate section. You cannot claim the caregiver amount for a dependant you claimed on line 7.			
9. 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.			
10. 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 dependant 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.			
11. TOTAL CLAIM AMOUNT – Add lines 1 to 10.			
Your employer or payer will use this amount to determine the amount of your provincial tax deductions.			

TD1ON (E) (05/2017)

(Ce formulaire est disponible en français.)

Page 1 of 2



Clear Data Help
Protected B when completed

Filing out Form TD1ON

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

- you have a new employer or payer and you will receive salary, wages, commission, pensions, employment insurance benefits, or other remuneration
 - you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed); or
 - you want to increase the amount of tax deducted at source.
- Sign and date it, and give it to your employer or payer.
- If you do not fill out Form TD1ON, your employer or payer will deduct taxes after allowing the basic personal amount only.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1ON for 2017, you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1ON, check this box, enter "0" on line 11 and do not fill in lines 2 to 10.

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 11.

Additional tax to be deducted

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

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, pension contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts). You can also ask to have less tax deducted on your income tax return if you are eligible for a refundable tax credit (for example, the federal 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 cr.ca.gc/calforms 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 administration or enforcement of the *Act* such as audit, collection and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to info.source.ca/cra-cc/eng/yourinformation-eng.html. Personal information Bank CANA FPU 120.

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.

Page 2 of 2

Determination of Exemption of an Indian's Employment Income

To make sure correct information is entered, we suggest that this form be filled out by the employer, in the presence of the employee. As an employer, you can use this form to help determine if an employee's employment income is exempt from income tax. The term "employee" on this form refers only to an employee who is registered as an Indian with Indigenous and Northern Affairs Canada, according to the terms of the *Indian Act*, or who is entitled to be so registered. Read the instructions on the next page for more information on how to fill out this form.

Employee identification

Last name (please print) _____ Social insurance number _____

Residential address including postal code _____

Is the employee's residence located on a reserve? Yes No

Indian status

Is the employee registered or entitled to be registered as an Indian under the *Indian Act*? Yes No

If yes, was the employee entitled to be registered?

prior to 2011?
 under Bill C-3 (also known as the *Gender Equity in Indian Registration Act*)? Only income earned on or after January 31, 2011, may be exempt from tax.
 because of the creation of the Kalipu Mikmaq First Nation Band? Only income earned on or after September 22, 2011, may be exempt from tax.

Type of exemption ¹

The employee performs employment duties

1. entirely on a reserve 2. entirely off a reserve 3. partially on and partially off a reserve

If you chose 3, indicate the percentage of the employment duties the employee performs on a reserve _____ %

All of the employee's employment income is exempt from income tax if any one of the following situations applies. Check the appropriate box.

the employee performs at least 90% ² of the employment duties on a reserve (guideline 1);

the employee and the employer reside on a reserve (guideline 2);

the employee performs more than 50% of the employment duties on a reserve, and the employee or the employer resides on a reserve (guideline 3); or

the employee's employment duties are connected to the employer's non-commercial activities carried on exclusively for the benefit of Indians who, for the most part, reside on reserves and the employer resides on a reserve, and the employer is:

- an Indian band that has a reserve or a tribal council representing one or more Indian bands that have reserves; or
- an Indian organization controlled by one or more such bands or tribal councils and is dedicated exclusively to the social, cultural, educational, or economic development of Indians who, for the most part, reside on reserves (guideline 4).

¹ The type of exemption is based on the *Indian Act Exemption for Employment Income Guidelines*. For a full description of the Guidelines including examples of exempt income and term definitions, go to cra.gc.ca/indian/gia/eng.html.

² Provision rule may apply. When less than 50% of the duties of an employment are performed on a reserve and the employment income is not exempted by another guideline, the exemption is to be provided. The exemption will apply to the portion of the income related to the duties performed on the reserve.

Employee certification

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

Signature _____ Date _____

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 administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions who are authorized by law. Failure to provide the information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to request correction of their personal information and to request that their name and address be removed from the *Income Tax Act* database. For more information, visit www.cra.gc.ca/indian/gia/eng.html or call 1-800-959-7775.



Instructions

- The employment income from a particular employment will not be exempt from income tax where one of the main reasons for that employment relationship is to establish a connecting factor to a reserve. A connecting factor is a fact which connects income to a reserve. For example, the fact that the employer is resident on a reserve is a connecting factor.
- If the employee's circumstances change, the employee will be required to fill out a new form.
- Keep a completed form on file for each employee. We may ask to review the form to verify that the income earned qualifies to be exempt from income tax based on the circumstances of the employment.
- For information on the requirements to deduct Canada Pension Plan contributions and employment insurance premiums, and for instructions on reporting requirements, see Guide T4001, *Employer's Guide – Payroll Deductions and Remittances*, and Guide RC4120, *Employer's Guide – Filing the T4 Slip and Summary*.

Employment-related income

Employment insurance benefits, retiring allowances, Canada Pension Plan payments, Quebec Pension Plan payments, registered pension plan benefits, and wage-loss replacement plan benefits will be exempt from income tax when they are received as a result of employment income that was exempt from tax. If a portion of the employment income was exempt, a similar portion of these amounts will be exempt.

ROE Secure Automated Transfer (ROE SAT) 4.0 - User Guide

Code Description

Code	Description	
		-
A00	Shortage of work / End of Contract or Season	-
A01	Employer bankruptcy or receivership	NEW
B00	Strike or lockout	-
D00	Illness or injury	-
E00	Quit	-
E02	Quit / Follow spouse	NEW
E03	Quit / Return to school	NEW
E04	Quit / Health reasons	NEW
E05	Quit / Voluntary retirement For voluntary requirement — otherwise refer to codes G00 and G07	NEW
E06	Quit / Take another job	NEW
E09	Quit / Employer relocation	NEW
E10	Quit / Care for a dependent	NEW
E11	Quit / To become self-employed	NEW
F00	Maternity	-
G00	Mandatory retirement	-
G07	Retirement / Approved workforce reduction	NEW
H00	Work sharing	-
J00	Apprentice training	-
K00	Other	-
K12	Other / Change of payroll frequency	NEW
K13	Other / Change of ownership	NEW
K14	Other / Requested by Employment Insurance	NEW
K15	Other / Canadian Forces – Queen’s Regulations/Orders	NEW
K16	Other / At the employee’s request	NEW
K17	Other / Change of Service Provider	NEW
M00	Dismissal	-
M08	Dismissal / Terminated within probationary period	NEW
N00	Leave of absence	-
P00	Parental	-
Z00	Compassionate care	-

Code Z00 should also be used if the employee is leaving the workplace temporarily to claim benefits for Parents of Critically Ill Children.



7 Employer's Report of Injury/Disease (Form 7)

Please PRINT in black ink

A. Worker Information

Job Title/Occupation (at the time of accident/illness - do not use abbreviations) Length of time in this position while working for you Social Insurance Number

Please check if this worker is a: executive elected official owner spouse or relative of the employer

Worker's preferred language: English French

Address (number, street, apt., suite, unit) City/Town Province Postal Code

Sex: M F

B. Employer Information

Trade and Legal Name (if different provide both) Check one: Firm Number OR Account Number Provide Number

Mailing Address: Rate Group Number Classification Unit Code

City/Town Province Postal Code Telephone

Description of Business Activity Does your firm have 20 or more workers? yes no FAX Number

Branch Address where worker is based (if different from mailing address - no abbreviations)

City/Town Province Postal Code Alternate Telephone

C. Accident/Illness Dates and Details

1. Date and hour of accident/awareness of illness dd mm yy AM PM

2. Who was the accident/illness reported to? (Name & Position) Telephone Ext.

3. Was the accident/illness: Sudden Specific Event/Occurrence Gradually Occurring Over Time Occupational Disease Fatality

4. Type of accident/illness: (Please check all that apply) Slip/Trip Fall Struck/Caught Overexertion Repetition Assault Fire/Explosion Other

5. Area of Injury (Body Part) - (Please check all that apply)

6. Describe what happened to cause the accident/illness and what the worker was doing at the time (filling a 50 lb. box, slipped on wet floor, repetitive movements, etc.). Include what the injury is and any details of equipment, materials, environmental conditions (work area, temperature, noise, chemical, gas, fumes, other persons) that may have contributed. For a condition that occurred gradually over time, please attach a description of the physical activity required to do the work.

7 Employer's Report of Injury/Disease (Form 7)

Please PRINT in black ink

Worker Name Social Insurance Number

D. Health Care

1. Did the worker receive health care for this injury? dd mm yy yes no

2. When did the employer learn that the worker received health care? dd mm yy yes, when: On-site health care Ambulance Emergency department Admitted to hospital Health professional office Clinic Other

3. Where was the worker treated for this injury? (Please check all that apply)

4. Name, address and phone number of health professional or facility who treated this worker (if known)

E. Lost Time - No Lost Time

1. Please choose one of the following indicators. After the day of accident/awareness of illness, this worker: Returned to his/her regular job and has not lost any time and/or earnings. (Complete sections G and J). Returned to modified work and has not lost any time and/or earnings. (Complete sections F, G, and J). Has lost time and/or earnings. (Complete ALL remaining sections).

2. This Lost Time - No Lost Time - Modified Work information was confirmed by: dd mm yy Telephone Ext.

F. Return To Work

1. Have you been provided with work limitations for this worker's injury? yes no

2. Has modified work been discussed with this worker? yes no

3. Has modified work been offered to this worker? yes no

4. Who is responsible for arranging worker's return to work? Myself Other

7 Employer's Report of Injury/Disease (Form 7)

Please PRINT in black ink

Worker Name Social Insurance Number

G. Base Wage/Employment Information - (Do not include overtime here)

1. Is this worker (Please check all that apply) Permanent Full Time Casual/Irregular Student Registered Apprentice Owner Operator or (Sub) Contractor Permanent Part Time Seasonal Contract Unpaid/Trainee Optional Insurance Temporary Part Time Other

2. Regular rate of pay \$ per hour/day/week/other

H. Additional Wage Information

1. Net Claim Code or Amount Federal Provincial 2. Vacation pay - on each cheque? yes no Provide percentage %

3. Date and hour last worked dd mm yy AM PM 4. Normal working hours on last day worked From To 5. Actual earnings for last day worked \$ 6. Normal earnings for last day worked \$

7. Advances on wages: yes no If yes, indicate: Full/Regular Other

8. Other Earnings (Not Regular Wages): Provide the total of additional earnings for each week for the 4 weeks before the accident/illness.

Period	From Date (dd/mm/yy)	To Date (dd/mm/yy)	Mandatory Overtime Pay	Voluntary Overtime Pay	Commission	Commission	Commission	Commission
Week 1			\$	\$	\$	\$	\$	\$
Week 2			\$	\$	\$	\$	\$	\$
Week 3			\$	\$	\$	\$	\$	\$
Week 4			\$	\$	\$	\$	\$	\$

I. Work Schedule (Complete either A, B or C. Do not include overtime shifts)

(A) Regular Schedule - Indicate normal work days and hours. Example: Monday to Friday, 40 hours

(B) Repeating Rotational Shift Worker - Provide NUMBER OF DAYS ON, NUMBER OF DAYS OFF, HOURS (PER SHIFT), NUMBER OF WEEKS IN CYCLE. Example: 4 days on, 4 days off, 12 hours per shift, 8 weeks in cycle

(C) Varied or Irregular Work Schedule - Provide the total number of regular hours and shifts for each week for the 4 weeks prior to the accident/illness. (Do not include overtime hours or shifts here).

J. It is an offence to deliberately make false statements to the Workplace Safety and Insurance Board. I declare that all of the information provided on pages 1, 2, and 3 is true.

Name of person completing this report (please print) Official title

Signature Telephone Ext. Date dd mm yy

7 Employer's Report of Injury/Disease (Form 7)

Please PRINT in black ink

Worker Name Social Insurance Number

K. Additional Information

Blank space for additional information.



Orientation Checklist

Name of Employee: _____

Type of Employment: _____

	HR Advisor Initial	Employee Initial
1. Welcome Letter		
2. Offer Letter – (sign & return)		
3. Job Description – (sign & return)		
4. Employee Data Sheet – (sign & return)		
5. In Case of Emergency Form – (sign & return)		
6. Social Insurance Card/Status Card/Driver’s License- visually confirmed		
7. Banking Information for Direct Deposit		
8. TD1/TD1ON		
9. Determination of Exemption of an Indian’s Employment Income		
10. Benefits Application – (sign & return)		
11. Pension Application – (sign & return)		
12. Confidentiality Agreement – (sign & return)		
13. Employee Code of Conduct – (sign & return)		
14. Criminal Records Check or Vulnerable Sector Screening Check		
15. Verification of educational qualifications – diplomas, cert. and/or degrees		
16. Personnel Policy/Acknowledgement Form – (sign & return)		
17. Finance Policy Acknowledgement Form – (sign & return)		
18. Holiday & Leave of Absence Form		
19. Travel Advance Claim Form/Mileage Chart		
20. Cheque Requisition		
21. Telephone List/Staff Email and C&C email listing		
22. Equipment Sign Out		
23. Fax Cover Sheet		
24. Office Supplies Form		
25. Journal Entry/Tax Exempt Letter		
26. Organizational Chart		
27. Time Sheet (see Supervisor)		
28. Set-up Email		
29. Incident Report/JHSC Committee		
30. Introductions, Tour, and Welcome (Supervisor)		

*F/T – full-time; P/T – part-time; T – term; R – relief; S – student; LS – Labour Services; P – Placement; V - Volunteer

(Human Resources Advisor Signature)

(Employee)

(Date)

(Date)

<Month, day, year>

<name>

<street address>

<town, province>

<postal code>

Dear <name>:

SUBJECT: TERMS AND CONDITIONS OF EMPLOYMENT

We are pleased to confirm our Offer of Employment to you with Mississauga First Nation. The terms and conditions of your employment are set out in the paragraphs below. If you accept this offer of employment and these terms, please sign in the space indicated at the bottom of this document.

1. Period of Employment

Your employment with Mississauga First Nation shall commence on <month day, year>. You will report to <Name, Title> who will be your direct supervisor.

2. Probation Period

Your employment will be subject to a standard probationary period of three (3) month. During this period Mississauga First Nation may, notwithstanding any other provision of this Agreement, terminate your employment at any time without cause and without any notice or payment of salary or benefit plan contributions in lieu of notice, except as may be required under the Canada Labour Code. In addition, if the probationary period is successful, Chief and Council has the right to determine whether you will be offered a full-time permanent position or a three year contract.

3. Position

You will be employed in the position of < Position > as outlined in the attached job description working out of the Mississauga First Nation < Department >. By accepting this offer, you are warranting that you are fully familiar with the contents of the job description and capable of completing work tasks described therein.

4. Employee's warrant of qualifications and capabilities

You acknowledge that the information provided to the Mississauga First Nation in job interviews and in any résumés, *curriculum vitae*, employment applications and **supporting documentation** submitted by yourself, constitutes a material basis for the First Nation entering into this agreement. You warrant the truth of all such information, and agree to provide proof of all academic, professional, and trade qualifications.

5. Base Salary

You will be paid an hourly rate of **\$00.00** per hour, and will be paid every 2 weeks. You will be working **00.0** hours per week. Mississauga First Nation has moved to Direct Deposit. It is a requirement that there be a one week hold back pay which will be returned to you once you leave your employment.

6. Income Tax

If you are registered as an Indian pursuant to the *Indian Act*, the Mississauga First Nation may, at your request and representation that you are exempt from income taxation, and subject to legal advice obtained by the Mississauga First Nation from time to time that it is lawful to do so, assist you by not withholding or remitting income tax on your compensation to Revenue Canada. However, you acknowledge and agree that:

- A. You shall indemnify the Mississauga First Nation for all such amounts paid to the which any competent authority subsequently determines should be or should have been withheld or remitted;
- B. The Mississauga First Nation shall not be required to reimburse you for any income or other taxes which may be assessed against you for any reason or on any group whatever including, without liability, the actions of Mississauga First Nation or its Council or employees;
- C. The Mississauga First Nation's ability to assist you in this regard is not a material inducement to you to enter into this agreement; and,
- D. In the event you are a non-Indian, that you will be subject to all normal deductions as specified by the various ministries or governing authorities.

7. Hours of Work

Your hours of work **may** be *Monday to Thursday, 9:00 am to 4:30 pm* and *Friday, 9:00 to 4:00 pm*. Alternate schedules may be required to meet program and client requirements. Evening and week-end hours may be required for this position.

8. Benefits and Insurance

You will be entitled to participate in Mississauga First Nation's benefit, insurance and pension plans and this information will be reviewed with you at orientation. The contents of these benefits are expressly subject to change from time to time at Mississauga First Nation's sole discretion.

9. Vacation

You will be entitled to earn 1.25 days per month of vacation from your hire date to a maximum of 15 (fifteen) days within your first year of employment as outlined in the vacation policy. Upon successful completion of your six (6) month probation period, you shall be entitled to take your earned vacation which would be 7.5 days. Vacation will be taken at a time or times acceptable to Mississauga First Nation having regard to its operations.

10. Ownership of Work and Inventions

The First Nation shall retain all copyright, ownership, title and other rights in all information, reports, proposals, records, artwork, work plans and methods of working, and all other works and inventions of any kind whatsoever, including all computer records, programs and data, which may be obtained, collected and produced, created, made or written by the you during the terms of the employment.

11. Confidentiality

You agree to keep confidential and refrain from using or disclosing, directly or indirectly, during the course of your employment and thereafter, all information about, known or used by the First Nation unless that the dissemination of information is with the knowledge and consent of the Mississauga First Nation Band Council. Confidential information shall include (without limiting the generality of the foregoing):

- A. all clients, activities, services , programs, and initiatives of, or planned or under consideration by First Nation;

- B. all financial and personnel information concerning the First Nation; and,
- C. all information provided to or collected by the First Nation, which are the property of the First Nation, or which were entrusted to the care of the First Nation, including any copies of these items.

12. Early Termination

The parties agree that the employee's employment under this agreement may be terminated as follows:

- A. At any time by the First Nation without notice of termination, or pay in lieu thereof, for just cause. For the purposes of this agreement, the parties agree that "just cause" shall, without limiting the content of this phrase, include:
 - i. Any material breach of the provisions of this agreement by the employee;
 - ii. Theft, fraud or dishonesty;
 - iii. Incompetence;
 - iv. Loss of driver's license where driving is essential requirement of the employment position; or
 - v. Gross insubordination
- B. By the First Nation, at its sole discretion and for any reason whatsoever, upon providing the employee with two weeks' notice of termination, or, at the First Nation's sole option, the equivalent amount of pay in lieu of notice, and severance pay equal to the greater of five days wages, or two days' wages for each full year during which the employee has been continuously employed by the First Nation.

Without limiting the foregoing in any way, the parties expressly agree that this offer may be terminated by the employer under this sub-clause if the employer is unable to insure or bond the employee, or is unable to secure such insurance or bonding at a rate which the employer, in its sole discretion, believes is reasonable.

The employee acknowledges that this limited notice requirement constitutes a material inducement to the First Nation to enter into this agreement, and that these provisions shall govern termination without cause during the entire employment relationship.

- C. By the employee, for any reason whatsoever, upon giving the First Nation two weeks' advance notice in writing.

13. Severability

The parties agree that in the event that any provision, clause, attachment, or in part of this agreement is deemed void or unenforceable by a court of competent jurisdiction, the same shall be deemed severed and the remainder of the agreement shall be and remain in all force and effect.

14. Governing law

This agreement shall be governed by the federal jurisdiction and in accordance with the laws of the Province of Ontario.

15. Modification of agreement

Except as otherwise expressly provided here in, any modification to this agreement must be in writing and signed by the parties hereto, and shall otherwise be voidable at the option of the party bound to do or perform anything by such modifications.

16. Independent legal advice

You hereby acknowledge that you have obtained, or have had an opportunity to obtain, independent legal advice in connection with this agreement, and further acknowledge that you have read, understand and agree to be bound by all of the terms and conditions contained herein.

17. Criminal Reference Check/Vulnerable Sector Check

The First Nation may determine, at its sole discretion and at any time before or during the term of this employment, that you will be required to complete a Criminal Reference Check or a Vulnerable Sector Check from the Canadian Police Information Centre (CPIC), where you will be required to complete the applicable application form and undergo such investigation as it required by the appropriate Police Force. This contract is conditional upon your obtaining and maintaining a clear record as outlined in 6.3 and 6.3(1) of the *Criminal Records Act*. Failure to provide and maintain these checks if required will be cause for the First Nation to rescind this contract without notice.

18. Entire Agreement

These terms of employment supersedes any prior understandings and agreements, and constitute the entire agreement between you and Mississauga First Nation with respect to your employment with Mississauga First Nation.

Welcome to Mississauga First Nation. We know you will be a valuable asset to our team and we look forward to working with you.

Sincerely,

<name of manager>

<name of position>

I understand the terms and conditions outlined and accept this offer.

(Print Name)

(Date)

(Signature)

Personnel File Checklist

Personnel File Checklist Form for: _____ **Entry Date:** _____

	Page 1:	Date Received	Notes / Comments
	ICE Form		
	File Tracking Form		

	Page 2:	Date Received	Notes / Comments
	Employee Orientation Checklist		
	Memorandum - Recruitment		
	Contact & Offer of Employment Letter		
	Employee Data Sheet		
	Determination of Exemption of Indian Status		
	Banking Information – Direct Deposit		
	Confidentiality Agreement		
	Employee Code of Conduct		
	Finance Policy Acknowledgement		
	Personnel Policy Acknowledgement		
	Exit Interview		

	Page 3:	Date Received	Notes / Comments
	Awards, Certificates, etc.		
	Educational Qualifications		
	Employee Résumé		
	Job Description		
	Correspondence		

	Page 4:	Date Received	Notes / Comments
	Criminal Records Check and/or VSC		
	Social Insurance Number		
	Driver's License		
	Indian Status Card		
	Relevancy Letter (CPIC)		

	Page 5:	Date Received	Notes / Comments
	Disciplinary Action		

	Page 6:	Date Received	Notes / Comments
	Performance Evaluations		
	Briefing Notes – PA Review		
	Employee Information History		
	Training Summary		

Rev. 2017-05-11



CONFIDENTIALITY AGREEMENT

Any and all matters concerning the Mississauga First Nation are to be considered confidential by all Mississauga First Nation Personnel.

Any information pertaining to job performance, job descriptions and activities within the Mississauga First Nation shall be kept confidential.

The violation or suspected violation of this policy shall result in immediate suspension and possible termination of employment, as well as a full investigation as to allegations and remedies.

I have read, understood and agree to abide by this statement.

Employee's signature

Witness

Please Print Name

Please Print Name

On Behalf of the Mississauga First Nation

Date

Please Print Name

EMPLOYEE CODE OF CONDUCT

1. I will carry out the duties of my position as an employee of Mississauga First Nation conscientiously, loyally and honestly, and fulfill the expectations of my role to the best of my ability and with a view to the highest level of service to the Mississauga First Nation.
2. In my actions and words, I will promote and uphold the integrity and dignity of the Mississauga First Nation and its programs as well as the governing Chief and Council.
3. I will use my initiative to find ways of maximizing my contribution to and serving the best interests of the Community.
4. I will conduct myself in a manner that will bring credit to myself, Mississauga First Nation, and all members of the community.
5. I will attend all meetings, workshops and conferences etc., assigned to me in my employee functions and where applicable will formally report back to my supervisor or supervisors on the proceedings of these meetings by a briefing note or as otherwise directed.
6. I will refuse any fees, honorariums or other gratuity offered to me as a reward while an employee, which I acknowledge would be a conflict of interest. I acknowledge that an exception to this general rule is payment of my salary, wages and/or bonuses, or reimbursement to me of any expenses I have necessarily incurred in fulfilling my duties as an employee of the Mississauga First Nation.
7. I will be courteous and polite towards all other employees, especially when there is a difference of opinion. I will be polite and courteous to all community members and the public at large as representative of the Mississauga First Nation.
8. I will not publicly criticize employees, policies and programs of the Mississauga First Nation. If I believe changes are needed, I will present recommendations in a constructive manner through the proper channels.
9. I will be open to hearing other points of view and respect the differences of opinion that will arise from time to time.

10. I will adhere to the chain of command for accepting and fulfilling my work assignments and reporting to my designated supervisor or supervisors. In the event that I have a complaint or grievance related to my employment, I shall adhere to and make use of the grievance procedures and mechanisms as set out in the Mississauga First Nation Personnel Policy Manual.
11. During my tenure as an employee, I will not knowingly participate in activities or protests that will bring harm to the community, its reputation or that are in conflict of interest to my role and duties to the Mississauga First Nation.
12. I will respect and protect the boundaries between my role as an employee and as a member of Mississauga First Nation. In the event that something is brought to my attention as an employee in reference to a problem within the workplace, it will be channelled through the appropriate supervisor and/or Director of Human Resources. Where the particular situation involves the appropriate supervisor I will report to the Director of Human Resources, if the situation involves the Director of Human Resources I will report the issue to Chief and Council on a confidential basis for the purpose of receiving guidance as to the appropriate reporting channels or course of action in writing.
13. As an employee, I will not obstruct, occupy or prevent the administration offices or its' operations unless there is an emergency that threatens the well-being or safety of employees or community members, except as may be directed by my immediate supervisor or by Chief and Council in accordance with the Custom Code.
14. I will refrain from any form of harassment or harm, either physical or otherwise, to my fellow employees, including any form of lateral violence as set out in the Personnel Policy Manual. I recognize and understand that any such behaviour on my part will subject me to employee discipline up to and including suspension, termination of pay, and/or dismissal as an employee.

I have read, fully understand and will abide by the Employee Code of Conduct for the Mississauga First Nation.

Employee Signature

Witness Signature

Please Print Name

Please Print Name

Date



Verification of Qualifications/Training

Please provide records of qualifications and training that you identified on your résumé.

___ High School Diploma

___ Diploma

___ Certificate(s)

___ Degree(s)

___ Training Certificates

Employee Signature



Personnel Policy Acknowledgement Form

I acknowledge reading and reviewing the Mississauga First Nation Personnel Policies dated July 11, 2018. I understand the content and agree to abide by them. I understand these policies and any additional policies may be subject to change from time to time, at the sole discretion of Mississauga First Nation.

Name

Witness Name

Signature

Witness Signature

Date



Financial Policy & Procedure Manual Acknowledgement Form

I acknowledge reading and reviewing the Mississauga First Nation Financial Policy & Procedure Manual dated October 21,2015. I understand the content and agree to abide by them. I understand these policies and any additional policies may be subject to change from time to time, at the sole discretion of Mississauga First Nation.

Name

Witness Name

Signature

Witness Signature

Date



Holiday and Leave of Absence Form

Name of Employee	Today's Date

Your Current Employment Position: _____

Date Requesting Leave	
Out of office (beginning):	
Back in the office:	
Worker confirmed for Coverage:	
Coverage worker is aware of this leave:	

Total Number of Days Requesting: _____

Purpose of Leave: (Circle one of the following)

- HOLIDAY
 MENTAL HEALTH DAY
 SICK DAY
 OVERTIME
 LIEU DAY

Other (Please explain):

Employee's Signature: X _____
Program Manager or Respective Supervisor's Signature: X _____
Payroll Clerk's Signature: X _____

Comments: _____

TRAVEL ADVANCE CLAIM FORM
PLEASE ATTACH AGENDA TO MEETING/WORKSHOP



Cheque Payable To:		Today's Date:	
Meeting/Workshop Title:		Meeting/Workshop Dates:	
Meeting/Workshop Place:		Travelling Days:	

MEALS

Breakfast	\$15.05	X		=	\$	One Day's	\$69.05	X		=	\$
Lunch	\$14.15	X		=	\$	Private Acc.	\$50.00	X		=	\$
Supper	\$39.85	X		=	\$						

MEALS: \$

ACCOMODATIONS

City:		Nightly Rate:	
Hotel Name:		# of Nights:	
Tel:		Subtotal:	
Street Add.		Tax % (If App.):	13%
Conf. #		After Tax:	
Incidental Fees are \$17.30 per night		Incidental Fee:	

NOTE: RECEIPTS FOR ACCOMODATIONS MUST BE ATTACHED UPON RETURN

ACCOMODATIONS: \$

PERSONAL VEHICLE MILEAGE

From:	Mississauga First Nation		
To:			RATE
Kilometers:		KM	0.57 c

Mileage is to be paid from Mississauga First Nation to required destination only.

VEHICLE MILEAGE: \$

OTHER EXPENSES

	Rate	Per	# of Req'd	Totals
Registration/Membership		Entries		
Airline		Ticket		
Bus		Ticket		
Taxi		Fare		

NOTE: Receipts for Registration/Taxi/Airline/Bus must be attached upon return.

OTHER EXPENSES: \$

Account/Department & Amounts:		\$	GRAND TOTAL
Account/Department & Amounts:		\$	
Cheque Number:			

\$

Signature of Client: _____ Approved By: _____

IF CLAIM IS TO BE REIMBURSED, REIMBURSED BY: _____

MISSISSAUGA FIRST NATION

P.O.Box 1299 • Blind River, Ontario • P0R 1B0 • Tel: (705) 356-1621 • Fax: (705) 356-1740

MILEAGE CHART

Kilometers listed below are return trips from Mississauga First Nation¹.

	Destination	Kilometers	Destination	Kilometers
Westerly	Winnipeg	3044	Sagamok	166
	Kenora	2608	Espanola	210
	Thunder Bay	1662	Anderson Lake	216
	Walpole Island	1292	Birch Island	266
	Marathon	1098	Whitefish Lake	280
	Pic Mobert	1034	Sudbury	338
	Michipictan FN	704	Mindemoya	386
	Sault Michigan	308	Wikwemikong	400
	Sault Ste. Marie	286	M'Chigeeng	429
	Batchewana	266	North Bay	598
	Garden River	250	Parry Sound	646
	Thessalon	106	Orillia	870
	Thessalon First Nation	95	Barrie	908
	Chiblow Lake Lodge	76	Kirkland Lake	966
	Iron Bridge	44	Toronto	1096
	Potomac	12	Hamilton	1196
	Easterly	Blind River	9	Brantford
Algoma Mills		31.2	Ottawa	1308
Serpent River NTSC		85.6	London (toll route)	1408
Spanish		106.6	Kettle &	1512/
Elliot Lake		124	Stony Point	1550

¹64 Park Road, as per Google Maps.

Revised **October 29, 2013**

Matthew	Armstrong	2500	or ext 2238 Reception Administration
Helen	Arnott	2215	Niigaaniin Caseworker
Linda	Assinewe	2310	Native Language Teacher Assistant
Sherry	Babiwash	2306	Literacy Coordinator
Paul	Berney	2223	Community Economic Development Officer
Stacy	Bissiallon	2239	Membership/Lands Registry Clerk
Sandra	Bowness	2351	Niigaaniin Secretary
Alesia	Boyer	2207	Senior Lands Tech.
Claudette	Boyer	2206	Trust Administrator
Dana	Boyer	2259	Technician Lands & Resources
Janice	Boyer	2210	Payroll Clerk
Stephanie	Boyer	2254	Family Resource Coordinator
Noella	Brown	2209	Finance Manager
Marlene	Bruneau	2302	Education Counsellor
Jim	Cada	2204	Director of Operations
Joann	Cada	2211	Finance Clerk
Laura	Commanda	2227	Health & Social Services Director
Crystal	Chiblow	2212	Chief & Council Secretary
Rita	Chiblow	2214	HR Advisor
Patty Sue	Daybutch	2208	Finance Assistant/Accounts Payable Clerk
Christine	Elliot	2234	Mental Health Counsellor
Jade	Fox	2308	After School Right-to-play
Frank	Gionette	2219	Public Works/Fire Chief
Kelly	Gionette	2242	Community Support Services Worker
Chelsea	Grimard	2203	CHR - Healthy Promotions
Darrell	Jacques	2235	Niigaaniin Manager
Laurie	Jacques	2243	Lifeskills Coach
Ken	MacLeod	2219	Infrastructure Director
Debbie	Mayer	2301	Education Director
Laura	Mayer	2213	Chi-Naakinagewin Manager
Kerrie	McCallum	2217	Temp Housing/Property Manager Assistant
Theresa	McCallum	2300	Education/Daycare Assistant
Monica	McGregor	2217	Housing/Property Manager
Yvette	Moffatt	2240	Social Services Manager/Band Rep
Glen	Morningstar	2219	Public Works
Janey	Morningstar	2216	Community Health Activator
Mary-Ellen	Morningstar	2201	Medical Transportation Clerk
Melissa	Morningstar	2307	Literacy Instructor
Robbie	Morningstar	2237	Employment Counsellor
		2236	By-Law Officer
Clifford	Niganobe	2305	Librarian
Evelyn	Niganobe	2226	Community Wellness Worker
REG	NIGANOBE	2202	CHIEF
Sheila	Niganobe	2225	Risk Mgmt. & Strategic Planning Director
Danielle	Ouimette	2228	Health Director Administrative Assistant
Christine	Owl	2229	Youth Coordinator
Rhonda	Peltier	2230	Health Services Manager
Sherman	Pilon	2400	Janitor Sports Complex
Peyton	Pitawanakwat	2232	Environmental Lands Technician
Keith	Sayers	2236	Lands & Resources Manager
Stacey	Schellekens	2303	Principal - Adult Education
Stephany	Stevens	2224	Medical Records Clerk
Donald	Trudeau	2310	Native Language Instructor
Rita	Wilson	2231	Community Health Nurse

Other MFN Offices

Cultural Building96 Park Rd.
Ext 2226 (to book)**Daycare**36 Ella Drive
705-356-1545**Education Building**154 Village Rd.
Ext. 2300**First Nations Police**64 Park Rd.
Ty Cada – Bob Mathias
Ext 2200, or
888-310-1122

148 Village Rd.

Ext 2305 (**Library**)
Ext 2306 (**Literacy**)**Water Treatment Plant**140 Village
705-356-2660**MFN Child & Youth**44 Park Rd.
Ext 2240
Ext 2238 (to book)**MFN Community Hall**148 Village Rd.
Ext 2238 (to book)**Red Pine Lodge**28 Elders Rd.
705-356-5578 / 5579**Sports Complex**46 Park Rd.
Reception Ext 2600**Women's Shelter**13 Sawmill Rd.
Yvonne Lafreniere
705-356-7800 or
705-356-7142**Niigaaniin**15 Sawmill Rd.
Darrell ext 2235
Helen ext 2215
Robert ext 2237
Sandra ext 2351

2017-05-15



CHIEF AND COUNCIL

Name	Email	Portfolio
Chief Reg Niganobe	reg@mississaugi.com	Health & Social Services, Recreation, Leadership/Government
Ryne Boyer-Denis	rynedenis@mississaugi.com	Economic Development, Housing & Infrastructure, Language & Culture, Environment & Lands
Brent Niganobe	brentniganobe@mississaugi.com	Economic Development, Protecting the Nation. Leadership/Government
Laura Mayer	Laura.mayer@mississaugi.com	Housing & Infrastructure,
Evelyn Niganobe	evelyn@mississaugi.com	Protecting the Nation
Karissa Ferrigan	karissaferrigan@mississaugi.com	Youth & Elders, Environment & Lands
Joey Morningstar	josephmorningstar@mississaugi.com	Economic Development, Leadership/Government
Janey Morningstar	janeymorningstar@mississaugi.com	Economic Development, Language & Culture
Joan Daybutch	joan@mississaugi.com	Health & Social Services, Recreation, Protecting the Nation
Frank Gionette	frank.gionette@mississaugi.com	Economic Development, Youth and Elders



FAX COVER SHEET

PLEASE FORWARD TO:

Name: _____

Company: _____

Fax Number: _____

SENT FROM:

Name: _____

FAX INFORMATION:

Number of Pages *including* Cover Sheet: _____

Original To Follow: ___ YES ___ NO

Date Sent: _____

Time Sent: _____

MESSAGE:



COPY

To Whom It May Concern:

This letter is to inform you that the Mississauga First Nation Band No. 8 is hereby exempt from all GST and PST taxes in accordance with the Indian Act section 87(a)

87. Notwithstanding any other Act of Parliament of Canada or any Act of the legislature of a province, but subject to section 83, the following property is exempt from taxation namely:

- (a) the interest of an Indian or a band in reserve or surrendered lands; and
- (b) the personal property of an Indian or band situated on a reserve;

Please call if further clarification is required.

Thank You

James Cada
Director of Operations

MISSISSAUGA FIRST NATION

P.O. Box 1700 • Blind River, Ontario • P0B 1B0 • Tel: (800) 366-6000 • Fax: (519) 336-2222



**Mississauga First Nation
Joint Health & Safety Committee Members
as of November 25, 2016**

Representatives

Worker Representatives	Certification	Location	Phone Numbers
Helen Arnott	✓	DreamCatcher's (Admin Wing)	356-1621, Ext. 2215
Rita Wilson	✓	H&SS and Mijiim	356-1621, Ext. 2231
[Vacant]	✓	Red Pine Lodge	
Stacy Bissaillon	✓	Lands & Resources	356-1621, Ext. 2239
Marlene Bruneau	✓	Library/Community Hall	356-3197
Sherman Pilon	✓	Sports Complex	356-6499
Kelly McCallum	✓	DreamCatcher's (Admin Wing)	356-1621 Ext. 2217
Rita Chiblow	✓	Child & Youth Building	356-1621, Ext. 2214

Management Representatives	Certification	Location	Phone Numbers
Ken MacLeod	✓	Public Works	356-1621 Ext. 2219
Yvonne Lafreniere	✓	Women's Shelter	356-7800
Monica McGregor	✓	Housing	356-1621 Ext. 2217
Debbie Mayer	✓	Education	356-3197
Rhonda Peltier	✓	Health and Social Services	356-1621, Ext. 2230

Resources	Certification	Role to Committee	Phone Numbers
Rita Chiblow, HR Advisor	✓	Lead Facilitator	356-1621 Ext 2214
Sheila Niganobe, RMSP Director	✓	Advisor	356-1621 Ext 2225
Jessica Chiblow		Recording Secretary	356-1621 Ext 2228

Quorum: 5 members (3 from Workers and 2 from Management)

Minimum Certified Requirement : 1 certified Worker and 1 certified Management



Mississauga First Nation
Incident Report

All accidents and incidents are to be reported immediately or as soon as practical after the happening of it to one's supervisor. Should the accident involve medical attention, the supervisor will be responsible to provide transportation for the employee to the hospital's emergency services. [MFN Safety and Health Policy (2000)]

Instructions:

- Check all appropriate areas. PRINT CLEARLY.
- Complete both sides and give original report to Human Resources .

Department Administration Constitution Day Care Education Fire Department
 Health Services Human Resource Health Services Lands & Resources Home & Com.Care
 Niigaanin Day Care Social Services Contractor Non-Employee/ Other

Last Name: _____ First Name: _____ Middle Initial: _____
 Home Address: _____ City /Province: _____ Postal Code: _____
 Employee Position: _____ Work Number & Ext: () _____ Cell Number: () _____

Type of Incident (Please mark X all that apply)

<input type="checkbox"/> Slip / Trip / Fall	<input type="checkbox"/> Lifting / moving material	<input type="checkbox"/> Lifting patient	<input type="checkbox"/> Patient transport
<input type="checkbox"/> Electrical shock	<input type="checkbox"/> Cold exposure	<input type="checkbox"/> Heat exposure	<input type="checkbox"/> Inhalation exposure
<input type="checkbox"/> Workplace violence / harassment	<input type="checkbox"/> Allergic /unknown reaction	<input type="checkbox"/> Infectious disease	<input type="checkbox"/> Noise exposure
<input type="checkbox"/> Repetitive Motion	<input type="checkbox"/> Cut / scratch (no blood exposure)	<input type="checkbox"/> Burn	<input type="checkbox"/> Other :

Equipment Used for Event: Fire Extinguisher First Aid Kit
 Eye Wash Station Spill Kit Battery Acid Kit

Fire Extinguisher # / Equipment Location: _____ Equipment / Items Replaced? Yes No

Identify the body parts injured: _____ Were there other individuals injured: Yes No
 List Name (s): _____

Date of (DD/MM/YY) of Incident / Injury : _____
 Time of Incident / Injury : _____ AM PM

Describe the Incident : _____



Mississauga First Nation
Incident Report Form

*Mandatory please identify the person notified:
 Supervisor: _____
 Director of Operations _____
 Other: _____

Report Details:
 Date of Report (MM/DD/YY): _____
 Time of Report: _____ AM / PM

Forward to Immediate Supervisor
 Supervisor Comments: (use separate sheet if necessary):

 Supervisor Signature _____ Title _____ Date _____

FIRST AID AND MEDICAL INFORMATION (if applicable)

First Aid Treatment: Yes No If Yes, Attending First Aider:
 First Aider Address: _____ Work Telephone: () _____

Describe First Aid Treatment:

DD/MM/YY of Treatment : _____ Time: _____ AM PM
 Worker Return to Work: _____ Time: _____ AM PM

Medical Treatment: Yes No If Yes, Name of Attending Physician:
 Address of Medical Treatment : _____ Work Telephone: () _____

DD/MM/YY of Treatment : _____ Time: _____ AM PM
 Worker Return to Work: _____ Time: _____ AM PM

Describe Medical Treatment:

Type of Return Regular Duties Modified Duties Regular Hours Modified Hours
 Describe Medical Treatment:

Administration: Functional Abilities Form completed and on file? Yes No



Mississauga First Nation
Incident Investigation Report

Was the incident witnessed? No Yes

Name of 1st Witness: _____ Address: _____ Telephone Number: _____
 Name of 2nd Witness: _____ Address: _____ Telephone Number: _____

Statement of 1st Witness (use separate sheet if necessary):

 Signature _____ Job Title _____ Date _____

Statement of 2nd Witness (use separate sheet, if necessary):

 Signature _____ Job Title _____ Date _____

JHSC Representative finding (and/ or formal Investigative Report):

JHSC Representative's suggestions for prevention of similar incidents:

 Signature _____ Title _____ Date _____

Date Received by HR Department: _____
 No further action required
 Solicitors notified
 Other _____
 Was a Form 7 completed and filed with WSIB: Yes No If yes
 Date Filed: _____ HR Initial: _____

Investigative Report Summary:
 Date completed (MM/DD/YY): _____
 Worker Representative Name: _____
 Management Representative Name: _____
 Attached: Yes No

This report was reviewed by MFN Senior Management:
 Risk Management & Strategic Planning Director _____ Date _____

GWL Health Benefits Enrollment Checklist

Name of Employee: _____

Date of Enrollment and Other Changes: _____

Enrolment

- Offer letter is signed by prospective employee – two year contract
- Decision on Benefit Class – see HR Manual for different classes and descriptors
- Eligible employee completes Application for Group Coverage form
- Eligible receives the Group Benefit booklet and Travel Assistance card/brochure
- Enter plan member information on GroupNet website
- Print the form from Group/Net “Enrollment”
- Print the form from Group/Net “View In-Force Premium and Taxes”
- Provide the Group Policy # and ID # to Employee
- Register new Plan Member on GroupNet
- Print the paper health card (temporary)
- Give the plastic card to the plan member
- File Application, Enrolment, and View In-Force...” Forms in Employee Health File (orange)

Plan Member Changes

- Report all earning changes for plan members on GroupNet
- Late applicants – must complete the insurability forms (after 31 days of employment)
- Great-West Life Assisted changes (GroupNet) - any family status changes or other changes employee report change and sign the “Group Coverage Change” forms
- Student recertification report – must sign report and return
- Termination of employee – print form and file in Employee Health file
 - Offer PlanDirect or Sonata Health private insurance plans to employee

2017-08-09 rev

Great-West Life APPLICATION FOR GROUP COVERAGE

For GWL, third party use only
GWL Certificate Number

Please print clearly and complete both sides of this form. In NLK Section 1 is to be completed by the plan administrator and sections 2 through 7 are to be completed by the plan member.

1. Plan Sponsor Section

This section is to be completed by the plan administrator.

Plan number: _____ Division number: _____ Benefit Class: _____

Plan sponsor: _____ Cost centre (if applicable): _____

Plan member ID: _____

Eligible date of employment: Month _____ Day _____ Year _____

Effective date of coverage: Month _____ Day _____ Year _____

Occupation: _____ Earnings \$ _____ per _____ year _____ month _____ week _____ hour _____

Plan member province of residence: _____ Plan member province of employment: _____

2. Plan Member Information

This section is to be completed by the plan member. Please print clearly in INK.

Plan member name (joint): _____ last name _____ first name _____ middle initial _____

Gender: Male Female Date of birth: Month _____ Day _____ Year _____

Plan member mailing address: _____

Street address: _____ Province: _____ Postal code: _____

City: _____

Do you have a spouse (married, common-law or civil union spouse)? Yes No

Do you have dependent children, including full-time students or disabled adults? Yes No

How many dependants in total, including spouse? _____

3. Refusal of Benefits

This section is to be completed by the plan member.

Note: Health and/or dental coverage can only be refused if you and/or your dependants are covered by duplicate group benefits through your spouse's employer.

I understand the plan of group benefits offered to me, but I decline to participate in:

Healthcare for myself and my dependants my dependants only

Dental care for myself and my dependants my dependants only

Spouse/insurer's name: _____ Plan number: _____

If you lose spousal coverage you must apply for coverage within 31 days of loss of such coverage. If you do not apply for coverage within 31 days of loss of such coverage, you will be deemed to have accepted the coverage under Great-West Life to be covered. If you are approved, coverage for dental benefits may be limited. Please see your plan administrator for details.

4. Beneficiary Designation

This section must be completed to designate a beneficiary for your benefits. If applicable, the original of this form will be required for a life claim. Crossed out beneficiary designations must be initialed. Please print clearly in INK.

Beneficiary's name(s)	Percent allocated	Relationship to plan member
last name _____ first name _____ middle initial _____	_____	_____
last name _____ first name _____ middle initial _____	_____	_____
last name _____ first name _____ middle initial _____	_____	_____

To be divided as follows: As per the percentages indicated above, or In equal shares to the survivor(s)

You may change this beneficiary designation at any time upon notice to Great-West Life. If you wish to make the beneficiary designation irrevocable (meaning you may not change the designation or make certain changes to your coverage) under the plan without the written consent of the beneficiary, please complete form AW5248-BLL. Note: Where Quebec law applies and you have a spouse, you must designate your married spouse or civil union spouse as beneficiary; this designation will be irrevocable under the law. Where applicable, benefit payments will be considered between the plan and your spouse's plan. I hereby make the above beneficiary designation:

Revocable, I may change this beneficiary designation at any time

Irrevocable, I may change this beneficiary designation at any time

For Quebec Applicants Only - Benefits payable under this plan to a beneficiary who, at the time payment is to be made, is a minor or lacks legal capacity, will be paid to his/her tutor(s) or curator(s), unless a valid trust has been established for the benefit of the beneficiary. By Will or by separate contract, to receive any such payment and Great-West Life has been provided notice of the trust. If a valid trust has already been established, designate the trust as the beneficiary in this section.

Before designating a trust, you should seek legal advice.

For All Other Applicants - If designating a beneficiary who is a minor or who lacks legal capacity you may wish to appoint a trustee/administrator by completing form AW5242-BLL. This appointment may not be suitable for all purposes. Before designating a trustee, you should seek legal advice.

CONTINUE ON REVERSE SIDE

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To be completed by the plan administrator

Plan number: _____ Plan member name: _____ Plan member ID: _____

5. Dependant Information

This section is to be completed by the plan member. Complete this section if the plan includes health and/or dental coverage and you have not refused such coverage for your dependants in section 3. If there are more than four dependants, please attach a separate list. Please print clearly in INK.

Spouse information

last name _____ first name _____ middle initial _____

Date of birth (month/day/year) _____ Gender: Male Female

What group benefits coverage does your spouse have through his/her employer? HEALTHCARE DENTALCARE VISIONCARE

Single Family Waiver Non Single Family Waiver Non Single Family Waiver Non Single Family Waiver Non

Where applicable, benefit payments will be considered between the plan and your spouse's plan.

last name	first name	middle initial	Date of birth (month/day/year)	Gender	Full time student	Disabled dependent
_____	_____	_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

6. Privacy

This section explains the organization's commitment to privacy.

Protecting Your Personal Information

At the Great-West Life Assurance Company, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to search by those authorized under applicable law within or outside Canada. Personal information is not shared with other Great-West Life employees or service providers. We do not disclose your personal information to third parties without your consent. This includes investigating and assessing claims, and creating and maintaining records concerning our relationship. For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Great-West Life's Chief Compliance Officer or refer to www.greatwestlife.com.

7. Authorizations and Declarations

This section must be signed and initialed by the plan member.

I hereby apply for coverage under the group benefits plan issued by Great-West Life. I have read and understood and agree with the contents of the section on this form entitled "Protecting Your Personal Information".

I authorize _____ my plan sponsor to deduct from my pay and remit to Great-West Life the plan member contributions required under the plan, if applicable.

Great-West Life to use my social insurance number for tax reporting purposes and as an identification number where it is required in the administration of the plan.

Great-West Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations or service providers working with Great-West Life or the above to exchange personal information, when relevant and necessary to determine my eligibility for coverage and to administer the plan.

If applying for coverage for my spouse and/or dependants, I confirm that I am authorized to act on their behalf. I agree that a photocopy or electronic copy of the Authorizations and Declarations section is as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge.

For Quebec applicants: I request that this form be in English. Je demande que ce formulaire me soit remis en anglais.

Plan member signature: _____ Date: _____

Clear

BENEFICIARY DESIGNATION

For GWL Head Office Use Only
GWL Certificate Number

Please print clearly and complete this form in INK. The plan administrator should keep a copy of the completed form for their records and send the original to The Great-West Life Assurance Company. For self-administered plans and GroupLife clients who maintain their own plan member's records the plan administrator should attach this form to the plan member's application.

1. General Enrollment Information

Plan number: _____
 Plan sponsor: _____
 Plan member name: _____
 Division number: _____ Plan member ID: _____

2. Beneficiary Designation

This section is to be completed by the plan member. This section must be completed to designate a beneficiary for your benefits, if applicable. The original of this form will be required for a claim. **Consent of beneficiary designation must be included. Please print clearly, in INK.**

I hereby revoke all previous beneficiary designations and designate the following as beneficiary(ies):

Beneficiary:	Percent allocated:	Relationship to plan member:
last name first name middle initial		
last name first name middle initial		
last name first name middle initial		
last name first name middle initial		

To be divided as follows: As per the percentage indicated above, or In equal shares to the survivor(s)

You may change this beneficiary designation at any time upon notice to Great-West Life. If you wish to make the beneficiary designation irrevocable (meaning you may not change the designation or make changes subject to your consent) under the plan without the written consent of the beneficiary, please complete form FW536-BL.

Note: Where Quebec law applies and you have designated your married spouse or civil union spouse as beneficiary, the designation will be irrevocable unless you check the box marked "Revocable", below.

I hereby make the above beneficiary designation:

Revocable, I may change this beneficiary designation at any time

For Quebec Applicants Only - Benefits payable under this plan to a beneficiary who, at the time payments to be made are due, is a minor or who lacks legal capacity will be made to the trustee or trustee administrator established for the benefit of the beneficiary, by Will or by separate contract, to receive any such payment and Great-West Life has been provided notice of the trust. If a valid trust has already been established, designate the trust as the beneficiary in this section. **Before designating a trust, you should seek legal advice.**

3. Trustee Appointment

You may wish to appoint a trustee/administrator by completing this section. The original of this form will be required for a claim. **Please print clearly, in INK.**

DO NOT COMPLETE THIS SECTION IF YOU ARE A QUEBEC RESIDENT
 If designating a beneficiary who is a minor or who lacks legal capacity you may wish to appoint a trustee/administrator by completing this form. This appointment may not be suitable for all purposes. If you are designating a trustee/administrator, we recommend you consult with a legal adviser, and with any proposed trustee/administrator. **Do not complete this section if you have made another trustee/administrator appointment.**

I hereby appoint the following trustee to receive and to hold in trust, on behalf of any beneficiary, money payable to the beneficiary under this group benefits plan here, at the time payment is to be made. The beneficiary is a minor or lacks legal capacity. The trustee shall act prudently and may use the money, including any returns on it or investments made, for the education and/or maintenance of the beneficiary. The trust will terminate once the beneficiary is of the age of majority and has legal capacity. At that time, the trustee shall deliver to the beneficiary all assets held in trust.

Trustee last name: _____ first name: _____ middle initial: _____ Relationship to Plan member: _____

CONTINUE ON REVERSE SIDE

©The Great-West Life Assurance Company, all rights reserved. Any modification of this document without the express written consent of Great-West Life is strictly prohibited.

4. Privacy

This section explains Great-West Life's commitment to privacy.

Protecting Your Personal Information
 At The Great-West Life Assurance Company, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the office of Great-West Life or the office of an organization authorized by Great-West Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Great-West Life. You may also exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to the personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. Personal information that we collect will be used for the purposes of determining your eligibility for coverage and administering the group benefits plan. This includes investigating and assessing claims, and creating and maintaining records concerning group benefits plan. A copy of our Privacy Guidelines, or if you are Quebec resident, our Personal Information Policy and procedures relating with respect to services provided, visit to Great-West Life's Child Companies' Sites or refer to www.greatwestlife.com.

5. Authorizations and Declarations

This section must be signed and dated in INK by the plan member.

I have read and understand and agree with the contents of the section entitled "Protecting Your Personal Information". I authorize:

- Great-West Life, any healthcare provider, my plan administrator, any insurance or reinsurance company, administrators of government benefits or other benefits programs, other organizations or service providers working with Great-West Life or the above to exchange personal information, when relevant and necessary to determine my eligibility for coverage and to administer the plan.
- I agree that a photocopy or electronic copy of this Authorizations and Declarations section is as valid as the original.
- I certify that the information given is true, correct and complete to the best of my knowledge.

For Quebec applicants: I request that this form be in English.
 Je demande que ce formulaire me soit remis en anglais.

Plan member signature: _____ Date: _____

TRUSTEE APPOINTMENT (NOT APPLICABLE IN QUEBEC)

For GWL Head Office Use Only
GWL Certificate Number

Please print clearly and complete this form, in INK. The plan administrator should keep a copy of the completed form for their records and send the **original** to The Great-West Life Assurance Company. For self-administered plans and GroupNet clients who maintain their own plan member's records the plan administrator should attach this form to the plan member's application.

<p>1. General Enrollment Information</p>	<p>Plan number: _____</p> <p>Plan sponsor: _____</p> <p>Plan member name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> last name first name middle initial </div> </p> <p>Division number: _____ Plan member ID: _____</p>
<p>2. Trustee Appointment</p> <p>You may wish to appoint a trustee/administrator by completing this section.</p> <p>The original of this form will be required for a life claim.</p> <p>Please print clearly, in INK.</p>	<p>If designating a beneficiary who is a minor or who lacks legal capacity you may wish to appoint a trustee/administrator by completing form #M6242 BIL. This appointment may not be suitable for all purposes. Before designating a trust, you should seek legal advice.</p> <p>Do not complete this section if you have already, in any document, made a trustee/administrator appointment which might apply. Consult first with your legal advisor.</p> <p>I hereby appoint the following trustee to receive and to hold in trust, on behalf of any beneficiary, money payable to the beneficiary under this group benefits plan where, at the time payment is to be made, the beneficiary is a minor or otherwise lacks legal capacity. Any such payment, to its extent, will release The Great-West Life Assurance Company from further liability. The trustee shall act prudently and may use the money, including any returns on it or investments made, for the education and/or maintenance of the beneficiary. The trust will terminate once the beneficiary is of the age of majority and has legal capacity. At that time, the trustee shall deliver to the beneficiary all assets held in trust.</p> <p>_____</p> <p style="display: flex; justify-content: space-between; font-size: small;"> Trustee last name first name middle initial Relationship to plan member </p>
<p>3. Privacy</p> <p>This section explains Great-West Life's commitment to privacy.</p>	<p>Protecting Your Personal Information</p> <p>At The Great-West Life Assurance Company, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. Personal information that we collect will be used for the purposes of determining your eligibility for coverage and administering the group benefits plan. This includes investigating and assessing claims, and creating and maintaining records concerning our relationship. For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Great-West Life's Chief Compliance Officer or refer to www.greatwestlife.com.</p>
<p>4. Authorizations and Declarations</p> <p>This section must be signed and dated in INK by the plan member.</p>	<p>I have read and understand and agree with the contents of the section on this form entitled "Protecting Your Personal Information".</p> <p>I authorize:</p> <ul style="list-style-type: none"> • Great-West Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life or the above to exchange personal information, when relevant and necessary to determine my eligibility for coverage and to administer the plan. <p>I agree that a photocopy or electronic copy of the Authorizations and Declarations section is as valid as the original.</p> <p>I certify that the information given is true, correct and complete to the best of my knowledge.</p> <p>Plan member signature: _____ Date: _____</p>



Part 1: Plan Sponsor's Statement *This section should be completed by the plan sponsor.*

INSTRUCTIONS ON REVERSE

Name of deceased _____ Plan member Dependant

Plan sponsor name _____ Certificate number _____

Group life policy number _____ Benefit class _____

Great-West Life division number _____ Supplemental/Optional Life \$ _____

Benefit claimed: Life \$ _____ Survivor Income Benefit \$ _____

Accidental Death \$ _____

If the deceased is the plan member, please provide the following information:

Occupation: _____ Employment start date: _____

Last date worked: _____ Reason for leaving work: _____

Salary or wages at last date worked \$ _____

Signature and title _____ Date _____

Print name _____ Email address _____ Phone number _____

Mailing address _____

Part 2: Claimant's Statement *Please refer to the instructions on the reverse to determine who should complete this section.*

Information about the deceased

Deceased's full address _____

Deceased's date of birth _____ Date of death _____

Cause of death _____

Did the deceased have insurance coverage under any other Great-West policy? Yes No

Information about the claimant

If yes, policy number _____ Type of coverage _____

Claimant's name: _____ Relationship to the deceased: _____

Claimant's full address: _____ Claimant's date of birth: _____

Claimant's phone number (_____) _____ Claimant's social insurance number: _____

Claimant's social insurance number, social security number or taxpayer account number _____

When proceeds are payable to the estate, please include insured's social insurance number.

Note: Failure to provide your social insurance number (unless the claimant is a minor) may result in a penalty from the Canada Revenue Agency (subsection 162(9) of the Income Tax Act).

Claimant's basis of claim (check one)

Named beneficiary Beneficiary's guardian/legal tutor or curator Estate administrator/estate executor Trustee

Other, please specify: _____

This policy may offer alternate ways in which the proceeds may be paid. If you would prefer payment other than a lump sum, Great-West would be pleased to arrange for a financial advisor to discuss settlement options with you. Please check one of the following:

I have chosen a lump sum payment of these proceeds.

Please arrange for a financial advisor to visit and discuss my options. The best time to call me is _____.

Protecting Your Personal Information

At **The Great-West Life Assurance Company**, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. Personal information that we collect will be used for the purposes of determining your eligibility for coverage and administering the Group Benefits Plan. This includes investigating and assessing claims, and creating and maintaining records concerning our relationship for a copy of our Privacy Guidelines. If you have questions about our personal information policies and practices (including with respect to service providers), please write to Great-West Life's Chief Compliance Officer or refer to www.greatwestlife.com.

Authorizations and Declarations

I authorize Great-West Life, any healthcare provider, the deceased's plan administrator, other insurance or reinsurance companies, administrators of government benefits, or other benefits programs, other organizations, or service providers working with Great-West Life, or working with the deceased's plan administrator to exchange personal information, when necessary to assess my claim and to administer the group benefits plan.

I have provided the information on this form in order to obtain payment of Group Life proceeds payable to me (in a personal capacity or on behalf of a beneficiary) and I hereby declare that I am eligible entitled to receive all or a share of the proceeds payable under the Group Life Policy. I certify that by making payment to the Great-West Life has that its obligation to me. I further declare that the answers given by me are to the best of my knowledge and belief, true and full, and I have withheld no material facts from Great-West Life. I confirm that a photocopy or electronic copy of this authorization is as valid as the original when used by Great-West Life to obtain additional information as stated above.

Claimant signature _____ Date _____

Claimant name (please print) _____ Witness signature _____

Instructions

Supporting Documents *Please include the following documents:*

This request for documents addresses the most common situations. We may need to request more information before making a decision about your claim.

The plan sponsor should submit the original application for insurance, along with any benefit change requests that have been related.

The claimant should submit the following documents to the plan sponsor along with the completed original claim form:

For Basic and Supplemental Life Insurance claims

Proof of Death (if death occurred, document(s) as follows:

Outside Quebec:

- A photocopy of the original death certificate or Attending Physician's Certificate (M65) or a funeral director's statement of death
- A photocopy of the original death certificate or Attending Physician's Certificate (M65) or a funeral director's statement of death
- For claims over \$50,000: a photocopy of the Act of Death (long form) issued by the Quebec Registrar of Civil Status

In Quebec:

- For claims under \$50,000: a photocopy of the original death certificate or Attending Physicians Certificate (M65) or a funeral director's statement of death
- For claims over \$50,000: a photocopy of the Act of Death (long form) issued by the Quebec Registrar of Civil Status

Outside North America:

- Original death certificate or certified true copy of the death certificate by a notary public
- Attending Physician's Certificate (M65) confirming medical cause and manner of death

For Accidental Death claims

- Police report or workplace accident report and
- Medical Examiner's Report (Montreal, Nova Scotia, Newfoundland and Labrador); Certificate of Medical Examiner (Alberta); or Coroner's Report (rest of Canada); for British Columbia, Saskatchewan, Quebec, New Brunswick, the Northwest Territories, Nunavut and Yukon, where coroners are not physicians, an autopsy report is required

For Survivor Income Benefit claims

- Marriage certificate or sworn affidavit to confirm common-law status
- Birth certificate for all eligible survivors and
- Quebec/Quebec Pension Plan statement of survivor benefits if applicable

Please send the completed form and supporting documents to:

Mail to: The Great-West Life Assurance Company
 Group Life Benefits
 PO 62000
 Winnipeg MB R3C 1V3

Send via courier to: The Great-West Life Assurance Company
 Group Life Benefits
 60 Osborne Street N
 Winnipeg MB R3C 1V3

Who should complete the claimant's statement?

When proceeds are payable to a named beneficiary

The Claimant's Statement should be completed by the beneficiary, **except** in the following situations

- If a trustee was appointed by the deceased to act on behalf of the beneficiary, the trustee should complete the Claimant's Statement
- *Outside Quebec:* - If the beneficiary is a minor and the deceased has not appointed a trustee, the court-appointed guardian of the beneficiary's property should complete the Claimant's Statement (submit copy of birth certificate and confirm name and address minor is residing with).
- *In Quebec:* - If the beneficiary is a minor or lacks legal capacity, and the deceased has not appointed a trustee by separate contract, the beneficiary's legal tutor or curator should complete the Claimant's Statement (unless the deceased has appointed a trustee by separate contract; submit copy of birth certificate issued by registrar of civil status).
- If the claimant is not able to handle his or her own financial affairs, the Claimant's Statement should be completed by the claimant's legal representative by virtue of a power of attorney document or court-appointed committee (submit a notarized copy of your legal appointment with the other claim documents).

When proceeds are payable to the insured's estate

The Claimant's Statement should be completed by the estate's legal representative. When insurance proceeds exceed \$50,000.00, the following documents must also be attached:

Outside Quebec:

- A notarized copy of the will (if the insured left a will) and probate, or
- Certificate of Appointment of Estate Trustee with or without a will (CETAW) or
- Letter of administration, as applicable.

In Quebec:

- In all cases, include a will search certificate from the Chamber des Notaires and The Barreau du Québec.
- A notarized copy of the will if the deceased's will is done before a notary, or
- For a will made before two witnesses or a holograph will, a copy of the will and the imprints of the procee from the notary or the judgment from the court.

If there is no will, please submit a declaration of legal heirs. In this case, each of the heirs should complete a separate Claimant's Statement for their share of the insurance proceeds. The Plan Sponsor's Statement (Part 1 of this form) needs to be completed only once.



Request for Non-Standard Dependant Coverage

Instructions:

This form is to be completed in full to avoid a delay in assessing the request. Once we have all the required information and have completed our assessment, we will notify the Plan Sponsor in writing.

Policy name:	Policy #:
Plan Member name:	Plan Member ID #:
Child's name:	Relationship to Plan Member:
Child's gender:	Child's date of birth:
Child's marital status:	Child's effective date of coverage:

Complete the following if child over 18 years:

If student, number of hours of school attendance per week:	If employed, number of hours worked per week:
--	---

I hereby certify that the above noted child is living with me, is in my full-time care and is financially dependent.

Plan Member signature: _____ Date: _____

Name printed: _____

As an authorized representative, I am requesting that special consideration be made for aforementioned plan member to provide coverage for the above noted child, who is in the plan member's full-time care. We as an organization recognize that this request is outside the terms of our contract.

Plan Sponsor signature: _____ Date: _____

Name printed: _____ Title: _____

Please return form to: **If returning by mail:**

Medical & Dental Services
The Great-West Life Assurance Company
PO Box 6000
Winnipeg MB R3C 3A5

If returning by email: ghbpr@gwl.ca

For Office Use Only	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reviewed by: _____	Date: _____

NOTICE OF RETURN TO WORK

Name of employee		Policy Number	
Division Number	Certificate Number	Date returned to work	
Date		Name of Group	
By (Employer or Administrator)			

M403 BL-3/15

Clear

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GWL Registered Pension Plan Checklist

Name of Employee: _____

Date of Enrollment and Other Changes: _____

Enrolment

- Offer letter is signed by prospective employee – two-year contract
- Application for Membership in a Registered Pension Plan
- Investment Personality Questionnaire – pages 16-20
- Make a copy of the application and questionnaire for employee Health Benefits file
- File copy in the employee Health Benefits file and record information in Personnel file
- Send the original copies of the application and questionnaire to Maryon:
 - Place originals in a sealed envelope and mark confidential
 - Address envelope “Maryon Young” and give envelope to Medical Transportation Coordinator and if she is not available then the Health Records Clerk
 - The envelope will be given to the Medical Transportation Driver; send email to Maryon

Plan Member Changes

- Notice of Member Termination
- Change of Member Termination
- Request for Member Withdrawal
- Designation of Revocable Beneficiary/Trustee Appointment

2017-08-09

Envision your retirement



Your enrolment guide

Mississauga First Nation

All Employees

THE
Great-West Life
ASSURANCE  COMPANY

Envision your retirement

Investment personality questionnaire

What type of investor are you? How comfortable are you with investment risk? Discover your investment personality by answering the following 14 questions.

This questionnaire helps you identify your investment personality and build an optimal investment portfolio that best suits your risk tolerance and retirement goals.



THE Great-West Life ASSURANCE COMPANY

10. Realizing there will be downturns in the market, in the event of a significant loss, how long are you prepared to hold your existing investments in anticipation of a recovery in value?

- a. Less than three months 5
- b. Three to six months 8
- c. Six months to one year 10
- d. One to two years 15
- e. Two to three years 20
- f. Three years or more 25

11. Assuming you invest \$100,000 for the long term, what is the maximum drop in your portfolio's value you could comfortably tolerate in any given year?

- a. I would be uncomfortable with any loss.* 2
- b. A \$5,000 drop is all I could live with. 5
- c. A \$10,000 decline is something I could tolerate. 10
- d. A \$15,000 drop would be about all I could stand. 15
- e. A \$20,000 decline is pretty much my limit. 20
- f. I could live with a decline of more than \$20,000. 25

12. Which of the following statements most correctly describes your investment philosophy?

- a. I cannot accept any fluctuation in principal.* 5
- b. I can only accept minimal fluctuations and prefer to invest in safer, lower return investments. 10
- c. I am willing to tolerate some ups and downs in the value of my investments to achieve overall higher returns in the long run. 20
- d. My main interest is high, long term returns and I am not concerned about short term decreases in the value of my investments. 30

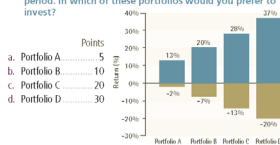
Total points for section four

*If your response to question 11 or 12 is (a) you should re-evaluate your need for growth and carefully consider your desire for stability. Portfolios without fluctuations in value generally have no growth component. If you cannot tolerate loss, even short term, consider using money market funds or short term guaranteed interest investments to meet your savings goals.

> Section five – Portfolio volatility

Investment portfolios aimed at providing higher returns tend to have greater swings in value (providing both gains and losses). The more aggressive your portfolio, the more pronounced these swings become, and the more often short-term losses can occur.

13. A portfolio is a basket of different investments. The returns earned by a specific portfolio depend on the mix of investments that make up the portfolio. The following graph shows the probable range of returns (from best to worst) of four hypothetical portfolios over a one-year period. In which of these portfolios would you prefer to invest?



14. Some investors are more willing than others to accept periodic declines in the value of the portfolio as a trade-off for potentially higher long-term returns. Which response best represents your feelings toward the following statement?

- a. I am willing to experience potentially large and frequent declines in the value of my investment if it will increase the likelihood of achieving higher long-term returns. 20
- b. Strongly agree 15
- c. Agree 10
- d. Disagree 5
- e. Strongly disagree 0

Total points for section five

Add up the section points to get your final total.

Section one + Section two
 + Section three + Section four
 + Section five Final total =

Match your final total to an investment personality below.

If your final total is between....	Your investment personality is....
105 or less	Conservative
106 to 135	Moderate
136 to 164	Balanced
165 to 199	Advanced
200 or more	Aggressive

Your investment personality is:

Name

Date

Over time, your financial objectives, personal circumstances and the level of risk you're comfortable with will change. We recommend you revisit the *Investment Personality Questionnaire* regularly or whenever your personal circumstances change significantly, for example: marriage, promotion, etc. The questionnaire is available electronically on www.grsaccess.com or call Access Line at 1-800-724-3402 for a print version.

This questionnaire is not a suitable tool for determining an investment strategy for short-term savings or for purchases in the near future. It is intended for retirement planning and long-term savings.

Please circle the corresponding point value for the answer that best suits you. Tally your points for each section in the box provided.

> Section one – Investment objectives

1. What is the intent of your portfolio? Please select the most appropriate one.
- a. To generate income for today 0
 - b. To generate income at a later date 10
 - c. To provide for my dependents (I do not anticipate using these funds) 15
 - d. To fund a large purchase in the future 10

2. What is your major goal for your portfolio? Please select the most appropriate one.
- a. To ensure my portfolio remains secure 2
 - b. To see my portfolio grow and to avoid fluctuating returns 5
 - c. To balance growth and security, and to keep pace with inflation 10
 - d. To provide growth potential, and to accept some fluctuation in returns 15
 - e. To provide the sole objective of potential long-term growth 20

Total points for section one

> Section two – Personal information

3. Which of the following ranges includes your age?
- a. Under 30 15
 - b. 30 to 39 15
 - c. 40 to 49 15
 - d. 50 to 59 5
 - e. 60 to 69 5
 - f. 70 to 79 3
 - g. Over 79 2

4. Which of the following ranges best represents your current annual family income (including pensions) before taxes?
- a. Under \$30,000 4
 - b. \$30,000 to \$60,000 6
 - c. \$60,000 to \$90,000 8
 - d. \$90,000 to \$120,000 10
 - e. More than \$120,000 10

5. After deducting any loan or mortgage balances, which one of the following ranges best represents your immediate family's overall net worth?

- a. Under \$30,000 2
- b. \$30,000 to \$50,000 4
- c. \$50,000 to \$100,000 6
- d. \$100,000 to \$200,000 8
- e. \$200,000 to \$300,000 10
- f. More than \$300,000 10

Total points for section two

> Section three – Investment horizons

Investors often have distinct phases in their investment plans. The initial phase is savings and growth. During this time an investor builds up a portfolio toward a future goal. The second phase is typically the use of funds, either for a specific purchase or for income.

6. When do you anticipate using these funds?
- a. Immediately* 0
 - b. One to three years* 0
 - c. Four to five years 5
 - d. Six to 10 years 10
 - e. 11 to 15 years 15
 - f. 16 to 20 years 20
 - g. More than 20 years 20

7. At the time you need this money, when will you withdraw it?

- a. All at once, in one lump sum* 3
- b. Over a period of less than two years* 3
- c. Over a period of two to five years 5
- d. Over a period of six to nine years 8
- e. Over a period of 10 to 15 years 10
- f. Over a period of more than 15 years 15

*If your response to question six is either (a) or (b), and your answer to question seven is also (a) or (b), your needs are short term. Consider using low-risk funds or short-term guaranteed interest investments to meet your savings goals. This retirement plan is intended for long-term investing. Using this money for purposes other than retirement planning is not advised and may not be allowed under the registered pension plan funding rules.

8. What are your intentions regarding withdrawals and/or contributions to your investments today and over the next five years?

- a. I plan to withdraw money at regular intervals and do not plan on making contributions. 5
- b. I will likely make a lump-sum withdrawal and do not plan on making contributions. 7
- c. I will likely be making both contributions and withdrawals. 8
- d. I will likely make additional contributions and will not be withdrawing any funds. 10
- e. I will certainly make regular contributions and will not be withdrawing any funds. 15

Total points for section three

> Section four – Attitude toward risk

9. Which statement best describes your knowledge of investments?

- a. I have very little knowledge and I rely exclusively on the recommendations of financial advisors. 2
- b. I have limited knowledge of stocks and bonds, and I do not follow financial markets. 5
- c. I have good working knowledge and I regularly follow financial markets. 8
- d. I understand completely how different investment products work, including stocks and bonds, and I follow financial markets closely. 10

Select investment options based on your investment personality

The chart below shows you how to build an optimal investment portfolio. First match your final total to the corresponding investment personality and portfolio. Then use the suggested asset mix to select appropriate investment options. The risk meter shows the level of investment risk associated with each portfolio.

If your final total is between	Your investment personality/ portfolio is	Description of your investment portfolio	Suggested asset mix
105 or less	Conservative	With a primary emphasis on income, this portfolio is the most conservative option. It's designed for investors who have a short period of time to invest, want a regular income stream and have concerns about investment volatility. A small equity component is included to help bolster returns above fixed income levels, while minimizing the risk to the portfolio.	<ul style="list-style-type: none"> 70% Fixed income 15% Canadian equity 5% Foreign equity 5% Special equity 5% Balanced
106 to 135	Moderate	This portfolio is designed for investors who have a medium period of time to invest and prefer more income than growth. The investment mix is managed to ensure lower volatility than other more aggressive options, while still providing a solid component for growth.	<ul style="list-style-type: none"> 50% Fixed income 20% Balanced 15% Canadian equity 10% Foreign equity 5% Special equity
136 to 164	Balanced	This portfolio is designed for investors who want a longer-term balance between growth and income at reduced volatility levels. The portfolio is managed to take advantage of market conditions.	<ul style="list-style-type: none"> 75% Balanced 10% Fixed income 10% Canadian equity 5% Foreign equity 5% Special equity
165 to 199	Advanced	With a primary emphasis on growth, this portfolio is made up mostly of equities. It's appropriate for investors who want some income in the short term, but are more interested in long-term capital appreciation.	<ul style="list-style-type: none"> 50% Canadian equity 20% Fixed income 20% Foreign equity 10% Special equity
200 or more	Aggressive	This portfolio consists solely of equity investments for investors who want the potential for maximum long-term growth. It's appropriate for investors with a long period of time to invest and who aren't concerned about short-term investment volatility.	<ul style="list-style-type: none"> 60% Canadian equity 25% Foreign equity 15% Special equity

The suggested asset mix consists of various asset classes, such as fixed income, balanced and Canadian equity. Use the asset class percentages to allocate your contributions to specific investment options associated with these asset classes. For example, if you're investing \$10,000 in an Aggressive Portfolio, \$6,000 or 60 per cent of your savings should go toward Canadian equity funds, \$2,500 or 25 per cent to foreign equity funds, and \$1,500 or 15 per cent to special equity funds.

It's a good idea to invest no more than 25 per cent of your investments in any one fund. For asset classes where the recommended percentage is more than 25 per cent, consider selecting more than one fund in that asset class.

This questionnaire has been developed to assist you in assessing your financial circumstances, investment timeframe and attitude toward risk for the purpose of allocating your retirement savings among a broad range of investment options available through The Great-West Life Assurance Company. While reasonable efforts have been made to ensure the accuracy of the information and the calculations contained in this questionnaire, the responsibility for determining the most appropriate allocation to meet your needs remains with you. It is not designed to provide you with legal, tax, financial or other professional advice. Independent advice should be sought. Great-West Life and its subsidiaries, London Life Insurance Company and The Canada Life Assurance Company, are not responsible for any damages resulting from the use of this questionnaire by you or any other person, however caused.

The Great-West Life Assurance Company and its design are trademarks of The Great-West Life Assurance Company (Great-West), used under license by London Life Insurance Company (London Life) and The Canada Life Assurance Company (Canada Life) for the promotion and marketing of insurance products. London Life and Canada Life are subsidiaries of Great-West Group retirement and savings products are issued by London Life and the personal annuity products are issued by Canada Life.

THE Great-West Life ASSURANCE COMPANY



Notice of member termination

Return to Great-West Life

Services for this plan are provided by The Great-West Life Assurance Company (Great-West). The plan is issued by London Life Insurance Company (the issuer), a subsidiary of Great-West.

EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor	Policy/plan number
-------------------------------	--------------------

MEMBER INFORMATION (please print)

Last name	Initial	First name	Certificate / Social insurance number
-----------	---------	------------	---------------------------------------

Home telephone number () -	Daytime / alternate telephone number () -
--------------------------------	---

Member's home address (street address, city, province and postal code)

TERMINATION DETAILS

Effective date of member termination: _____

Reason for termination - must be consistent with reporting for Employment Insurance (EI) Record of Employment (ROE)

- Termination of employment
- Retirement (Code G on ROE)
Spouse's name: _____
Spouse's date of birth: _____
- Other _____ (Code on ROE)

Notification of Death: Date of Death: _____

Contribution information: All contributions for the member have been sent in.
 The final contribution for the member will be sent in on _____ in the amount of \$_____.

If the member has a **non-employee spouse** who is a member of the group plan, enter the spouse's name and certificate number: Name _____ Certificate _____

If employee is Status Indian, provide 10 digit Indian Registry No. _____

Have all or a portion of contributions made on behalf of the employee been in respect of salary earned on a Reserve?

- No contributions made have been in respect of salary earned on a Reserve
- All contributions made have been in respect of salary earned on a Reserve
- Some of the contributions made have been in respect of salary earned on a Reserve. The percentage of the employment duties the employee performed on the Reserve was _____%

Special note for **Deferred Profit Sharing Plans**. The DPSP pension credit used to calculate the employee's PA in the year of termination cannot be more than the greater of 18% of the employee's compensation and 50% of the money purchase contribution limit, in the year of termination. If allocations in the year of termination exceed this limit, you must request a refund of the excess contribution amount.

SPECIAL INSTRUCTIONS

EMPLOYER/PLAN SPONSOR SIGNATURE

I verify that the above information is correct. Please contact the member regarding options available under the above policy/plan number.

Date Signature of employer/plan sponsor by authorized person.

November 2010

Return to Great-West Life, Group Retirement Services

Services for this plan are provided by The Great-West Life Assurance Company (Great-West). The policy is issued by London Life Insurance Company, a subsidiary of Great-West.

EMPLOYER/PLAN SPONSOR INFORMATION _____ Policy/plan number _____

MEMBER INFORMATION (please print)

Last name	Initial	First name	Certificate / Social insurance number
Business telephone number		Home telephone number	

() Ext: ()

- IMPORTANT**
- If the member's name has changed – complete **Part A**
 - If an existing beneficiary's name has changed – complete **Part B** (to change your beneficiary or to designate a new beneficiary, please complete the Designation of revocable beneficiary/trustee appointment form)
 - If the member's address has changed – complete **Part C**
 - For RPP's only, if the member's province of employment has changed – complete **Part D**
 - For RPP's only, if the member's spousal information has changed – complete **Part E** (if the member is also designating the new spouse as their beneficiary, this change form is not required – complete the Designation of revocable beneficiary/trustee appointment form)

PART A – CHANGE OF MEMBER NAME

The member's name has changed from: _____ to: _____

- Reason for change:**
- The member has married.
 - The member is returning to her maiden name.
 - The name of the member is incorrectly shown on Great-West Life's records.
 - The name of the member has been legally changed.
 - The member's legal name is _____ but the member is commonly known by the name indicated above.
 - Other _____

PART B – CHANGE OF BENEFICIARY NAME

Please note that this is to change the name of an existing beneficiary only. If you are changing your beneficiary or a new beneficiary is being designated please complete the Designation of revocable beneficiary/trustee appointment form.

The beneficiary's name has changed from: _____ to: _____

- Reason for change:**
- The beneficiary has married.
 - The beneficiary is returning to her maiden name.
 - The name of the beneficiary is incorrectly shown on Great-West Life's records.
 - The beneficiary has been legally adopted.
 - The name of the beneficiary has been legally changed.
 - The beneficiary's legal name is _____ but the beneficiary is commonly known by the name indicated above.
 - Other _____

Change of member information (continued)

PART C – CHANGE OF MEMBER ADDRESS

New address (apt. no., street no., street, city, province and postal code) _____ Internet address _____

New phone number () _____

PART D – CHANGE OF MEMBER PROVINCE OF EMPLOYMENT (RPP's only)

This section is applicable to Registered Pension Plans only.

Effective / / The above named member reports to work in indicate province

PART E – CHANGE OF SPOUSAL INFORMATION (RPP's only)

This section is applicable to Registered Pension Plans only.

New spousal information is as follows:

- the member no longer has a spouse, or
 - the new spouse is: _____
- Last name Initial First name Male Female

Note: If the member is also designating the new spouse as their beneficiary, this change form is not required – complete the Designation of revocable beneficiary/trustee appointment form.

PART F – AUTHORIZATION

Member authorization (Required for Parts A, B, C and E)

I request that Great-West Life adjust my member records as indicated in Part A, B, C and/or E above.

Date _____ Member's signature _____

Employer/plan sponsor authorization (Required for Part D)

I request that Great-West Life adjust the above member's province of employment as indicated above.

Date _____ Signature _____ Signature of employer/plan sponsor by authorized person _____

Request for member withdrawal
 Return to Great-West Life, Group Retirement Services
 1-800-724-3402

Services for this plan are provided by The Great-West Life Assurance Company (Great-West). The policy is issued by London Life Insurance Company, a subsidiary of Great-West.

EMPLOYER/PLAN SPONSOR INFORMATION
 Name of employer/plan sponsor _____ Policy/plan number _____

MEMBER INFORMATION (please print)
 Last name _____ Initial _____ First name _____ Certificate/Social Insurance number _____
 Home telephone number _____ Daytime/alternate telephone number _____
 Member's home address (street address, city, province and postal code) _____

IMPORTANT

- To request a withdrawal or transfer – complete Part A
 - To request a withdrawal from your RSP under the Homebuyer's Program – complete Part B
 - To request a withdrawal from your RSP under the Lifelong Learning Program – complete Part C
- NOTE:** Due to potential market fluctuations, withdrawal requests for specific dollar amounts from a variable fund (rather than a % of the fund) will be limited to 90% of the estimated value. Any partial withdrawal will be made from investments in accordance with the Administrative Rules and the Investment Rules.
- PART A – CASH WITHDRAWAL OR TRANSFER TO ANOTHER PLAN**
 Withdraw funds from my: RSP RPP Voluntary Contributions DPSP NSRP TFSA VRSP/PRPP
 Consent may be required from your employer – check with your plan administrator for details. Part H must be completed if consent is required.

Cash refund
 RSP / RPP Voluntary Contributions / DPSP / VRSP/PRPP – Applicable tax will be deducted and the refund is taxable income in the year of the withdrawal.

Amount requested
 the total value of the funds available
 If funds are being withdrawn from your RSP, NSRP, TFSA or VRSP, should your plan remain open?
 Yes, I will continue to participate no, I will not be making any further contributions
 \$ _____ before applicable tax is withheld after applicable tax is withheld

If you are requesting tax not be deducted due to tax-exempt status based on a TD-1N, provide the following:
 RSP – a letter of waiver from CRA for the current calendar year
 NSRP / DPSP – information completed by your Employer/Plan Sponsor in Part H

Payment Method
 Cheque
 Deposit to Bank Account – attach a pre-printed personalized void cheque, or complete the following:
 Transit (5 digits) _____ Bank Code (3 digits) _____ Account # _____

Direct transfer to another plan
Amount requested
 the total value of the funds available
 If funds are being withdrawn from your RSP, NSRP, TFSA or VRSP/PRPP, should your plan remain open?
 Yes, I will continue to participate no, I will not be making any further contributions
 \$ _____

You must also provide the details of your new plan. You may do so by submitting a transfer form partially completed by your new plan holder.

Request for member withdrawal (continued)
PART B – HOMEBUYER'S WITHDRAWAL – RSP PLANS ONLY

Amount requested \$ _____
Payment Method
 Cheque
 Deposit to Bank Account – attach a pre-printed personalized void cheque, or complete the following:
 Transit (5 digits) _____ Bank Code (3 digits) _____ Account # _____

Closing date of your purchase _____
 You must also submit a Canada Revenue Agency form T1036 with this form.

PART C – LIFELONG LEARNING WITHDRAWAL – RSP PLANS ONLY

Amount requested \$ _____
Payment Method
 Cheque
 Deposit to Bank Account – attach a pre-printed personalized void cheque, or complete the following:
 Transit (5 digits) _____ Bank Code (3 digits) _____ Account # _____

You must also submit a Canada Revenue Agency form RC96 with this form.

PART D – TRANSFER OF ELIGIBLE PROCEEDS UNDER A QUEBEC SIMPLIFIED PENSION PLAN

Please transfer the following amount to another registered plan:
 the total value of my eligible funds under the Simplified Pension Plan (Quebec)
 \$ _____ of my eligible funds under the Simplified Pension Plan (Quebec)

You must also provide the details of your new plan. You may do so by submitting a transfer form partially completed by your new plan holder.

PART E – SPECIAL INSTRUCTIONS

PART F – MEMBER SIGNATURE

I request that Great-West Life proceed with the withdrawal(s) and/or transfer(s) as outlined in this form.
 Date _____ Member's signature _____

PART G – CONSENT OF IRREVOCABLE BENEFICIARY

This section must be completed if you have named an irrevocable beneficiary, otherwise proceed to Part H. I agree to the withdrawal(s) and/or transfer(s) as selected by the member above and I hereby transfer to the member all my rights in the above described policy(ies) to the extent of such withdrawal(s) and/or transfer(s).
 Date _____ Signature of irrevocable beneficiary (must be age of majority) _____
 Date _____ Signature of witness (must be age of majority and not the plan member)

PART H – EMPLOYER/PLAN SPONSOR SIGNATURE

This section must be completed by the employer/plan sponsor for in-service withdrawals in one or both of the following situations:
 1. There employer/plan sponsor consent is required prior to withdrawal, consent is provided by signing below.
 2. The employee is requesting a tax exempt withdrawal from a DPSP or RPP.
 Please indicate if any of the conditions made on behalf of the employee:
 a. No contributions made have been in respect of such tax-exempt income.
 b. All contributions made have been in respect of such tax-exempt income.
 c. Some contributions made have been in respect of such tax-exempt income. The percentage of the employment duties relating to such tax-exempt income was _____ %.
 If you checked b. or c. your verification will be relied upon to waive tax-withholding on any applicable withdrawals or benefits paid to the member.

Date _____ Signature of employer/plan sponsor by authorized person _____
November 2014

Note to File:

Subject:

From:

Date:

Topic / Subject: (same as subject line with more detail)
(start here)

Observations: (what took place before meeting or discussion)

What occurred: (what happened during discussion)

Follow-up: (who was cc on situation, who was in meeting and what is the next step in follow-up ie new meeting date.



MISSISSAUGA FIRST NATION

SUPERVISOR PERFORMANCE APPRAISAL FORM

Employee Name:	_____	Position:	_____
Evaluator Name:	_____	Position:	_____
Type of Evaluation:	_____ Annual	_____ Six Month	_____ Other
Review Period From:	_____	to	_____
Date of Evaluation:	_____	Date of Last Evaluation:	_____

SECTION A: INTRODUCTION TO PERFORMANCE EVALUATION

The purpose of the evaluation is to communicate clearly to the individual being evaluated how well they are meeting expectations for a person at their level.

Instructions: Both the evaluator and employee fill out this form prior to the performance interview. During the interview, the goal is to come to an agreement on the ratings. Ratings should be supported by specific examples and comments providing explanations.

All **Supervisors** will have a 360° evaluation that includes securing feedback from their staff, from some of their peers on the Management Team, and may include feedback from other key personnel.

SECTION B: RATING IDENTIFICATION

Instructions: Carefully evaluate employee’s work performance. Identify the corresponding rating point.

<i>Outstanding</i>	5 points	- performance is exceptional and consistent in all areas and is recognizable as being far superior to position requirements.
<i>Very Good</i>	4 points	- performance is consistent and exceeds expectations.
<i>Good</i>	3 points	- performance is consistent. Meets the performance standards of the position.
<i>Fair</i>	2 points	- performance is satisfactory. Meets minimum requirements of the job.
<i>Needs Improvement</i>	1 point	- performance is inconsistent. Meets requirements of the job occasionally.
<i>Unsatisfactory</i>	0 points	- performance does not meet minimum requirements of the job.

SECTION C: RATING FACTORS

This section is designed to give a complete picture of the employee through the use of rating factors. The rating factors are divided into four sections:

- i) individual character
- ii) major job description roles and responsibilities
- iii) leadership (for those in supervisory or management positions)
- iv) previous year’s goals and objectives

The content of each rating factor will vary based on the position being evaluated. The Department Manager shall be responsible for developing the rating factors to accurately reflect the duties and tasks of the position being evaluated.

Mississauga First Nation

WORK PLAN – [Job Title]

2018-11-29



OBJECTIVE	ACTIVITIES	REQUIREMENTS	EXPECTED RESULTS	TARGET DATE	COMPLETION/ PROGRESS RESULTS
	1.	1.		1.	
	1.	1.		1.	
		1.		1.	
	1.	1.		1.	
				1.	
	1.	1.		1.	
	1.	1.			
	1.	1.		1.	
	1.	1.		1.	
	1.	1.		1.	
	1.	1.		1.	
		1.		1.	



November 29, 2018

<name>

<address>

<town>, <province>

<postal code>

Dear <first name>:

Re: Leave Without Pay

Please be advised that Sick Leave, Mental Health Leave and Vacation Leave Credits are earned based on employment. Therefore you will not be earning any credits during the <__> weeks as the <_type of leave> is taken without pay.

If you require any other information, please contact me at 705-356-1621, extension 2214.

Yours sincerely,

cc: Personnel File



November 29, 2018

To Whom It May Concern:

Re: Physical Check-up

Please be advised that <**Name of Employee**> is a <**Job title**> for Mississauga First Nation and is a paid employee. It is a requirement of this position that **he/she** provides us with a **Medical Report**.

If you require any other information, please contact me at 705-356-1621, extension _____.

Yours sincerely,

cc: Personnel File



November 29, 2018

TO WHOM IT MAY CONCERN:

Re: <name of employee>, <job title>

<name of employee> has been a <employment type> employee since <start date> with Mississauga First Nation. His/her current rate of pay is \$<hrly rate> per hour effective <date of last pay increase>. He/she works <32 verify> hours per week.

If you have any questions, please contact me at (705) 356-1621, extension 2214. Thank you.

Sincerely,



CONSENT TO DISCLOSE PERSONAL INFORMATION

Please accept this as confirmation that I, _____, **authorize Mississauga First Nation's** _____
(Print your name)

(X Select appropriate)

- Payroll / Finance Department
- Human Resources Department

To

- Confirm Payroll Information consisting of:

Identify the Name/ Agency Information to be disclosed to:

Name of Contact: _____

Title: _____

Telephone (& Ext.): _____

Facsimile: _____

Mailing Address: _____

By signing the following, I acknowledge and understand the purpose for disclosing the above noted information to Name and/or Agency is at my own discretion.

Signature: _____ Date: _____

HR Advisor: _____ Date: _____



November 29, 2018

<Name>
<Address>
<Town, Province>
<Postal Code>

Dear <Name>:

RE: End of Contract

Please accept this letter as a notice of the end of your contract **<Date>**. Your new contract will commence on **<Date> and has an estimated end date of <date>**. Your new contract will be hand-delivered on **or before <date> for your signature**.

If you have any questions please feel free to contact the Human Resource Department at 705-356-1621 Ext. 2214.

Sincerely

<Program Manager>
<Title>

c.c.: Employee File



<date>

<name>

<box number>

<town>, Ontario

P0R 1B0

Dear <name>,

Please accept this letter as a notice that your term contract with Mississauga First Nation is to end on **<date>**, as previously agreed to.

You are required to return all company property prior to your departure, including keys, personal protective equipment and other company assets that you have in your possession.

In addition, to this notice, we are inviting you to participate in the **Employee Exit Survey Program** where participants provide feedback on their experience with the organization in order to improve the working environment for our employees. Through your feedback our organization will gain information on how to establish, build on and implement quality assurance measures as well learn how to make the workplace more culturally relevant. Enclosed is the Exit Survey – Guidelines which describes the program and how the information will be used and an Exit Survey for your participation and completion. In addition, enclosed is a pre-addressed stamped envelope. Please return your completed Employee Exit Survey on or before **<date>**.

Should you have any questions regarding the enclosed or should you prefer an Exit Interview, I can arrange to meet with you directly, please feel free to contact myself at (705) 356-1621 Ext. 2214.

On behalf of Mississauga First Nation, thank you for all the work that you completed during this term. We look forward to working with you again in the future.

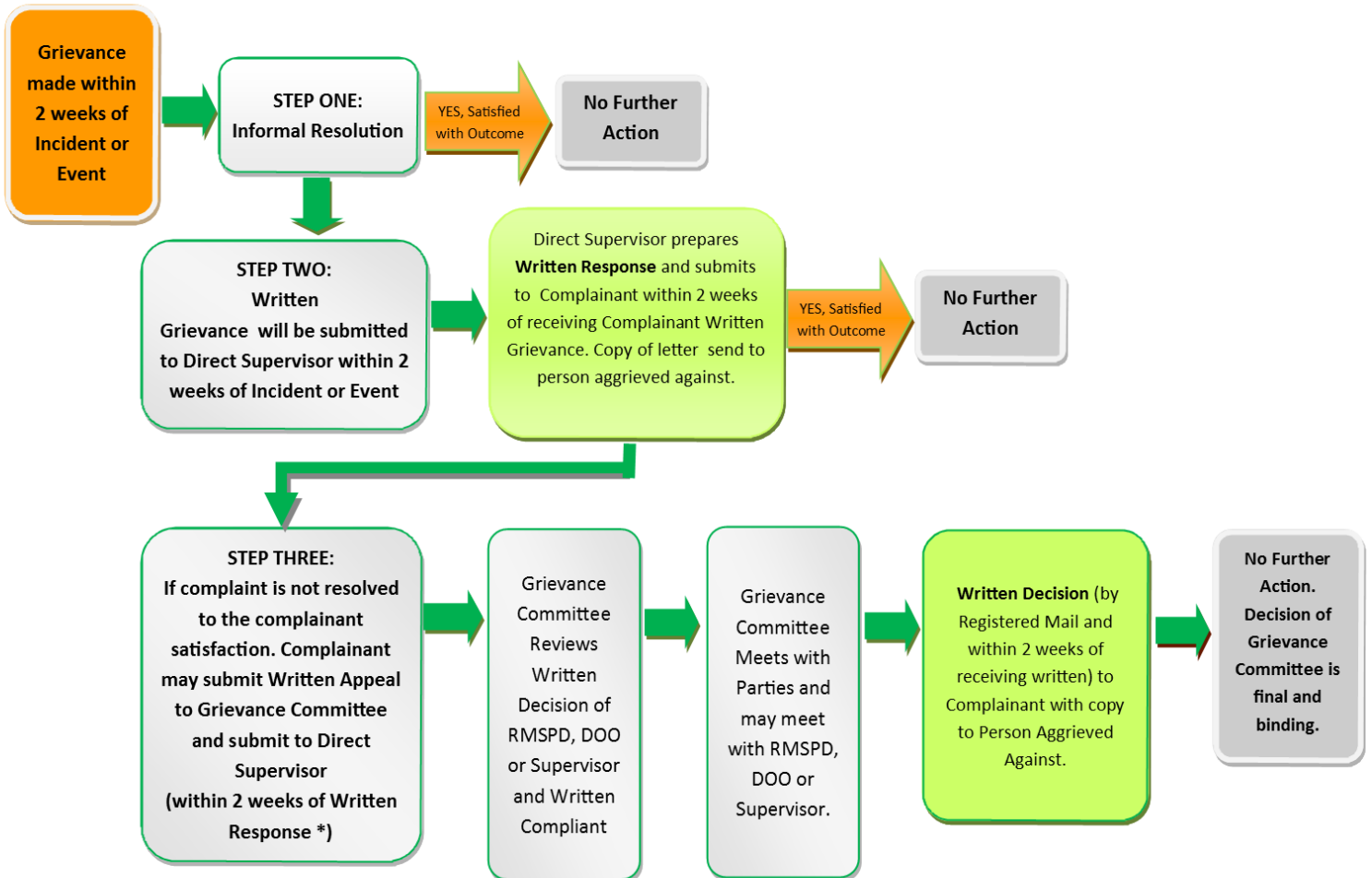
Sincerely,

Human Resource Advisor
Mississauga First Nation

c.c.: Employee File

Grievance Process Chart

Policy 7.4 Settlement in Reference to Discipline and Remedial Steps



Last Updated: 08/09/2017

November 29, 2018

Blind River, ON
POR 1B0

Dear _____ :

This letter is follow up to our discussion on _____ regarding _____. This letter will serve as a verbal warning as outlined in Section 7.1.1 of the Progressive Discipline Policy of the Mississauga First Nation Personnel Policies dated April 12, 2010.

You _____ and this type of conduct is unacceptable.

I trust these issues can be resolved however further instances will warrant additional disciplinary measures up to and including dismissal.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

cc: Human Resources

I acknowledge receipt of this letter:

Date



Chronological Order of Events of (name of employee)

Item #	Date (d/m/yr)	Type	From	To	Contents
1					



INDIVIDUALIZED ORGANIZATIONAL COMMUNICATION STRATEGY
and
PERFORMANCE AGREEMENT

Beginning on Monday, January 27, 2014, at 9:30 a.m., **(name of employee)** will be meeting biweekly with **(name of manager)** and/or [name], Human Resources Director in the event that **(name of manager)** is not available. Discussion topics may include progress on specific project deliverables and/or other agreements and business with both government and industry or the need and want of help. The purpose of these reoccurring discussions will be to seek guidance, recommendations, advice and to alleviate unnecessary stresses due to the unorganized use of time, energy and resources, etc. As well, these meetings will help with setting priorities, deadlines, setting short and long term goals, reducing dissatisfaction and in maintaining order in the workplace. It is crucial to keep the quality and quantity of **(name of employee)** work! **He/she** understands that **he/she** has an important role in MFN as **(position title)** as described in **his/her** job description.

It is vital to keep integrity of purpose, positivity, production and direct communication with co-workers and more importantly with the Manager. **He/she** will make weekly goals to achieve for **himself/herself**, such as time management strategies, building, developing and strengthening essential skills to enhance productivity and ultimately, eliminate workplace dissatisfaction.

(Name of employee) has also agreed that when **he/she** is not able to attend work for whatever reason and if **(name of manager)** is not aware of the time to be taken off prior to the day to be taken off, **he/she** is to call **(name of manager)** directly in a timely manner before 9 a.m. of that scheduled day of work. This includes, arriving late, leaving early and any adjustment to **(name of employee's)** regular schedule of Monday to Thursday, 09:00-12:00 / 13:00-16:30 and Friday, 09:00-12:00 / 13:00-16:00 (winter hours). **He/she** is not to call MFN front desk, leave messages nor send emails to notify **(manager)** of **his/her** intended absence. **He/she** must speak to **(manager)** **himself/herself**. If **(manager)** is not in the office or **he/she** is unable to speak with **(manager)** directly, **he/she** is to let **(another manager), (title of position)** know of the absence. If **he/she** is not available either, **(name of employee)** is then to call Deirdre or **(name of senior management, title of position)**. And finally when calling in, **(name of employee)** is to inform whomever, as described above, **his/her** reason for absence, intended credit to be used (i.e., vacation, flex time, unpaid time off) and if there are any pressing work materials or other duties that must be completed in the time of **his/her** absence and what alternative arrangements **he/she** has made, i.e. asked another staff person to perform a task.

(Name of employee) is also planning to utilize the 7 Grandfather Teachings to help **his/her** keep **his/her** mind clear and healthy. **He/she** will be directing **himself/her-self** to stay healthy and happy by talking to people when **he/she** must, eating healthy, exercising, and will look to inspirational and motivational quotes each day to keep **him/her** focused.

All parties agree to review progress on a bi-weekly basis. This approach is intended to ensure **(name of employee)** communicates effectively regarding absences. It is also to ensure a balanced work portfolio and to address any pressures or concerns through open dialogue on a routine basis. At bi-weekly meetings personal and work goals for upcoming weeks and outcomes of previous goal sets of previous weeks will be reviewed. As well, attendance sheets will be up to date and reviewed. This agreement can be amended by any one party at any time. Should there be no marked improvement in communications regarding absences within a reasonable amount of time; the employer will consider the next steps within the provisions of the progressive discipline policy.

(Employee)

Date

(Employer)

Date

(Employer)

Date



Police Records Check, Criminal Records Check and Vulnerable Sector Check

The employee, **(name of employee, position title)** has submitted a **Vulnerable Sector Check or Criminal Records Check** on **(month, day and year)**. The report was **positive for an offence(s)** dated **(list date or dates)**.

According to our Personnel Policy, section 6.7.4,

“The Human Rights act states that an individual, company or organization cannot dismiss or refuse to employ an individual because he or she has been convicted of a criminal or summary conviction offence that is unrelated to the position the individual is employed in or is seeking.”

I have read and understood the contents of the Vulnerable Sector Check and give notice that the information provided is not relevant at this time to the position of **(name of position)**.

(Manager/Director signature)

(Please Print Name)

(Date)

PLANING TRAINING CHECKLIST

Completed	ON FILE	Date Completed
<i>Initial Planning Requirements -</i>		
_____	1 Confirm Participation List	_____
_____	2 Training Cost Breakdown/ Proposal of Training	_____
_____	3 Identify Program Codes/ Charges	_____
_____	4 Email Participants Training Dates/ Location/ Time	_____
_____	5 Email Facilitator Participant List	_____
_____	6 Prepare Service Contract	_____
_____	7 Approved Service Contract	_____
_____	8 Book Room / Facilities with Account Code	_____
_____	9 Registration List - Distributed to Supervisors	_____
_____	10 Prepare Sign Up Sheets	_____
 <i>Changes in Training Schedule - If yes, ensure 11,12,& 13 are completed:</i>		
_____	11 Inform Participants via Email	_____
_____	12 Inform Immediate Supervisors of Participants	_____
_____	13 Identify Alternate Arrangments - written confirmation	_____
_____	* Inform Participants via Email	_____
_____	* Inform Immediate Supervisors of Participants	_____
 <i>Evaluation Process for All Training Initiatives</i>		
_____	14 Prepare & Print Evaluation Forms	_____
_____	15 Distribute Evaluation Forms	_____
_____	16 Compile Summary of Evaluation Forms	_____
_____	17 Email Copy of Report to RMSP Director	_____
 <i>Funding Reporting Process</i>		
_____	20 Submit Report to Funding Agent - if applicable	_____
_____	21 Retain copy of Report - In File	_____

Service Contract Between

On this ____ day of _____, 2018 in the District of Algoma this Contract is hereby agreed to by all the following parties:

Mississauga First Nation
64 Park Road
Blind River, Ontario
P0R 1B0

(herein known as the '*Employer*')

And –

Name of trainer/facilitator
Street address
Town or city, Ontario
Postal code

(herein after of '*Facilitator/Instructor*')

This agreement is for the provision of Facilitator / Instruction Services two (1) day sessions facilitating for the delivery of the < > for Mississauga First Nation employees. The facilitator will provide facilitation services including slide presentation, handout/ resources materials, group discussion an interaction.

The Parties Hereby Agree:

Rate of Pay:

The Employer will pay the Facilitator a rate of \$xxx.xx per Session. Total Contract for Services is xxx hundred dollars.

Delivery Date(s):

1st Training Session: Date:
 Time:
 Location:

2nd Training Session: Date:
 Time:
 Location:

Payment Details:

The employer will pay facilitator upon completion of training and submission of invoice for each of the following:

- 50 % upon completion of 1st Training Session = \$ xxx.xx; and
- 50% upon completion of 2nd Training Session = \$ xxx.xx.

Authorization of Both Parties to this Contract:

Name of trainer/facilitator
Street address
Town or city, Ontario
Postal code

Authorized Signature for Instructor

Witness

Dated this _____ day of _____, 2018.

And –

Mississauga First Nation
64 Park Road
Blind River, Ontario
P0R 1B0

Authorized Signature for Employer

Witness

Dated this _____ day of _____, 2018.

Mississauga First Nation - Training Request Form

Name:	Job Title:
Department:	Last Training Plan Completed:
Immediate Supervisor:	Supervisor's Title:
Date of Request:	Date Submitted to HR:

Please complete the following areas:

Training Goals: Identify all associated goals with this training request: (print clearly)

Descriptions/ details:	Start Date:	End Date:

Budget:

Associated Expenses	Costs	Employee Contribution	Employer Contribution
Registration Fees:			
Texts / Resources:			
Travel:			
Accommodation:			
Other: (specify)			

Learning Outcomes/ Objectives: Identify the objectives associated with this training request, ie., outline what is needed to achieve this training (print clearly)

Upon completion of training please submit copies of awards, certificates and/or confirmation of completion of training to the Human Resource Dept., along with the completed Training Report Summary.

Review Summary: The above training request has been reviewed and discussed with my immediate supervisor:

Supervisor Comments:

Employee Signature: _____

Date: _____

Supervisor Approval: _____

Date: _____



Building Inspection Site Visit Report

Employer		Building Name		
Address		Work site Address		1. Report Sent to Manager
JHSC Inspectors		Telephone		2. Manager Returns to HR Dept.
		Telephone		3. Report Sent to Director of Operations
Worksite Manager		Date of Inspection		4. Director of Operations Returns to HR D
				5. Reviewed by JHSC
				6. Post Bulletin Board

Purpose of Visit: Inspection

In accordance with Section 9(23-30) it is the legal duty of the **worker members** of the JHSC to conduct monthly inspections of the workplace. It is recommended that the inspection be conducted by a **worker member** of the JHSC, **management member** of the JHSC and manager of the area being inspected. If only inspecting part of the work place monthly, the JHSC must establish a yearly schedule.

As per the terms of the JHSC provides partial inspection of the workplace for the Mississauga First Nation. Inspector should use the Hazard Control Program to protect workers from exposure to a substance or system. This should be recorded what was done at time of inspection and/or items recommended for improvement.

Responsibilities:

- Workers have the right to participate and identify workplace hazards by communicating with their supervisors any concerns.
- Managers are responsible to inspect any concerns employees have brought forward, and should communicate steps that have been made to address the issue in writing to the affected employee(s).
- Copies of any and all communication regarding follow-up on addressing workplace health and safety concerns must be cc'd to the JHSC this can be in the form of email.
- Managers from senior management down to front line supervisors should be tasked with the responsibility to inspect the workplace, and to identify potential hazards or concerns on a regular basis.
- The frequency of inspections should differ, depending on the rank of the manager. Front-line supervisors should literally be inspecting the workplace daily, local managers inspections should conduct inspection monthly, and senior managers should be conducting inspections quarterly or annually.
- Managers are responsible for follow-up and address any concerns that have been identified in this Workplace Inspection Report.

Hazard Control Program:

- As part of regular inspections, it may be necessary to **conduct a risk assessment** to evaluate and prioritize the hazards and risks. The inspection can be addressed by using the Hazard Control Program including Elimination, Engineering, Administrative Controls, and Personal Protective Equipment.

This report has been reviewed by the Director of Operations, and all accountability mechanisms and Building Inspections and Workplace Hazards have been addressed for this report. **This Inspection Report will remain on the Bulletin Board until the following inspection is completed.**

Building Inspection Site Visit Report

Please record with a **Blue Pen/ or Font**. This inspection was conducted at the site noted above using the Health and Safety Inspection Checklist attached and following findings have been noted:

Status: OS – Outstanding AI – Addressed Item DC – Date Completed (mm.dd.yy)
 Highlight Important Issues: * -Low Risk ** Med Risk *** High Risk

FOR THE 2017 BUILDING INSPECTION THE TEAM WILL T CONDUCT A VISUAL BUILDING INSPECTION REPORT FOR THE FOLLOWING AREAS: All Electrical Areas / Lighting and Safety

Item	Code	DC	Checklist Item(s) / Rule Reference	Location of Area of Concern	Comments – Inspector Observations / Areas of Concerns	COMMENTS - Program Manager Notes ✓ Actions Taken ✓ Outcomes ✓ Date Completed	Director of Operation / Infrastruc ✓ Actions Taken ✓ Outcomes ✓ Date Completed

**Mississauga First Nation
PROPOSED 2017 SCHEDULE - BUILDING INSPECTIONS**

Weekday	Proposed Date	Proposed Time	Location	Inspectors
Friday	February 10	9:00 am- 12:00 noon	Dreamcatcher	R. Peltier / R. Wilson
Thursday	February 23	9:00 am- 12:00 noon	Women's Shelter	Y. Lafreniere/ K. McCallum
Thursday	March 9	9:00 am- 12:00 noon	Sports Complex	Y. Moffatt / S. Pilon
Thursday	March 23	9:00 am- 12:00 noon	Niigaanin	D. Jacques/ S. Bissaillon
Thursday	April 6	9:00 am- 12:00 noon	Red Pine Lodge	T. Bates / R. Chiblow
Thursday	April 20	9:00 am- 12:00 noon	Education Center	D. Mayer/ K. McCallum
Thursday	May 11	9:00 am- 12:00 noon	Library /Literacy Center / Hall	K. MacLeod/ M. Bruneau
Thursday	May 25	9:00 am- 12:00 noon	Child and Youth	M. McGregor/ R. Chiblow
Thursday	June 22	9:00 am- 12:00 noon	Water Treatment Plant	R. Peltier / S. Bissaillon
Thursday	July 13	9:00 am- 12:00 noon	Planer Building	K. MacLeod/ S. Pilon
Thursday	July 23	9:00 am- 12:00 noon	All Outdoor Buildings	TBD
Thursday	August 10	9:00 am- 12:00 noon	Fire Hall / Office Space	Y. Lafreniere / M.Bruneau

Prepared Feb.14.2017

Deficiency Action Request



HEALTH AND SAFETY DEFICIENCY ACTION REQUEST

COMPANY NAME: Mississauga First Nation

YOU HAVE RECEIVED THIS FORM FROM the JOINT HEALTH AND SAFETY COMMITTEE

Action Taken

Urgency Level (Circle one): Red Yellow Green	CODE RED means: Action required immediately <table style="float: right; border: none;"> <tr> <td style="border: none; text-align: center;">_____ / _____ / _____</td> </tr> <tr> <td style="border: none; text-align: center; font-size: small;">Day Month Year</td> </tr> </table>	_____ / _____ / _____	Day Month Year
	_____ / _____ / _____		
	Day Month Year		
	Action required within <table style="float: right; border: none;"> <tr> <td style="border: none; text-align: center;">_____ / _____ / _____</td> </tr> <tr> <td style="border: none; text-align: center; font-size: small;">Hour Minutes ONSITE</td> </tr> </table>	_____ / _____ / _____	Hour Minutes ONSITE
_____ / _____ / _____			
Hour Minutes ONSITE			
CODE YELLOW means: Action required by <table style="float: right; border: none;"> <tr> <td style="border: none; text-align: center;">_____ / _____ / _____</td> </tr> <tr> <td style="border: none; text-align: center; font-size: small;">Day Month Year</td> </tr> </table>	_____ / _____ / _____	Day Month Year	
_____ / _____ / _____			
Day Month Year			
CODE GREEN means: Action required by <table style="float: right; border: none;"> <tr> <td style="border: none; text-align: center;">_____ / _____ / _____</td> </tr> <tr> <td style="border: none; text-align: center; font-size: small;">Day Month Year</td> </tr> </table>	_____ / _____ / _____	Day Month Year	
_____ / _____ / _____			
Day Month Year			

Inspection Date:		Time Issued:	
Issued To:		Title/Position:	

Issue Description:

Recommended Action:

Issued By:	
------------	--

Completed:	YES _____	NO _____	
Date Completed:		Time Completed:	
Action Taken \ Results:			
Signed By:			

Committee Review **Date:**

c.c. Joint Health and Safety Committee \ Director of Operations \ RMSP Director
 Copy to be received by all at each stage

First Aid Inspections

Name of Building	Em- ployees	Size of Kits	Kits on Hand	Replacement Items	Actual No. of Items	Re- place- ments	Comments
DreamCatcher's Building – Ad- min	42	15-200	1	A current edition of a standard St. John Ambulance First Aid manual			
<i>H&SS has 9 employees and no employee kit</i>				24 safety pins			
				1 basin, preferably stainless steel			
				48 adhesive dressings, individually			
				2 rolls of adhesive tape, 1 inch wide			
				12 rolls of 1-inch gauze bandage			
				48 sterile gauze pads, 3 inches square			
				8 rolls of 2-inch gauze bandage			
				8 rolls of 4-inch gauze bandage			
				6 sterile surgical pads suitable for pres- sure dressings—individually wrapped			
				12 triangular bandages			
				Splints of assorted sizes			
				2 rolls of splint padding			
				2 latex gloves			
				1 pair of scissors			
				2 masks			

FIRE EXTINGUISHER INSPECTION QUARTERLY SCHEDULE

Date of Fire Extinguisher Inspection: _____
 Start Time: _____ End Time: _____
 Inspector Names: _____
 Completed 2nd Friday of January, April, July and October each year.

Building Name	Location	Specific Location	Fire Extinguisher Details			Tagged	Tagged Date	Inspected By	Comments/Observations
			Model #	Type	Other				
Dreamcatcher Building	Admin Wing-Main Entry	#1 Janitor Room-Inside Room Wall	A2-5925F9	Pyro-Chem	?	X	#1 June 2012	Hole/Punctured	Not signed off/Fastened to Wall
	Admin Wing-Main Entry	#2 Main Entry Hallway Wall	149707C	ABC-ISO-G	None Noted	X	#2 April #14	Shelia Jacobs	Wall-Bow-Does not fit properly
	Admin Wing-Left Wing	#3 Admin Reception Wall	170104C	ABC-ISO-E	D98 Bottom	X	#3 No tag		Wall Bow-May be outdated
	Admin Wing-Left Wing	#4 Environment Office/Hallway Wall	170135C	ABC-ISO-E	D98 Bottom	X	#4 No tag		Wall Bow-May be outdated
	Admin Wing-Left Wing	#5 Rm 110/811 Furnace Room Wall	104734C	ABC-ISO	D97 Bottom	X	#5 No tag		May be outdated-Fastened to Wall
Dreamcatcher Building	Admin Wing-Left Wing	#6 Membership Office/Hallway Wall	170134C	ABC-ISO-E	D98 Bottom	X	#6 No tag		Wall Bow-May be outdated
	Admin Wing-Back Wing	#7 Finance Hallway Wall	170106C	ABC-ISO-E	D98 Bottom	X	#7 No tag		Wall Bow-May be outdated
	H&SS Wing-Right Wing	#8 Manager Office/Hallway Wall	170133C	ABC-ISO-E	D98 Bottom	X	#8 No tag		Wall Bow-May be outdated
	H&SS Wing-Right Wing	#9 Rm110C/011 Furnace Room	104735C	ABC-ISO-E	D98 Bottom	X	#9 No tag		May be outdated-Fastened to Wall
	H&SS Wing-Right Wing	#10 Activity Room-Kitchen	170105C	ABC-ISO-E		X	#10 No tag		May be outdated-Fastened to Wall
Child & Youth Building	Upstairs-Kitchen	#1 Under Sink	ZP-642398	4409RC	None Noted	X	#1 April 2013	Ken McLeod	ISE Inspection-Needs Wall Mounted
	Downstairs-Washroom	#2 Staff Washroom	ZP-641312	4409RC	None Noted	X	#2 April 2013	Ken McLeod	ISE Inspection-Needs Wall Mounted
Sports Complex	Gym	#1 South Wall-Near Exit Door	L21940		March 31, 2008		#1 Oct 2014	KV	Wall Mounted
	Gym	#2 West Wall-Near Exit Door	L21323		March 31, 2008		#2 Oct 2014	KV	Wall Mounted
	Gym	#3 North Wall-Near Exit Door	1716069123		None Noted		#3 Oct 2014	KV	Wall Mounted
		#4 South Wall-Near Exit Door	1714099123		None Noted		#4 Oct 2014	KV	Needs to be fastened-Penno, pending
		#5 South Wall-Near Exit Door	1713969123		None Noted		#5 Oct 2014	KV	Needs to be fastened-Penno, pending
		#6 South Wall-Near Exit Door	1717969123		None Noted		#6 Oct 2014	KV	Needs to be fastened-Penno, pending
		#7 South Wall-Near Exit Door	L20933		Feb 12, 2008		#7 Oct 2014	KV	Wall Mounted
		#8 South Wall-Near Exit Door	None		None		#8 Oct 2014	KV	Wall Mounted
		#9 South Wall-Near Exit Door	None		None Noted		#9 Oct 2014	KV	Tagged-Needs to be inspected

1 JHSC Fire Extinguisher Inspection Schedule – Mississauga First Nation Buildings
 Developed June 10, 2015

FIRE EXTINGUISHER INSPECTION QUARTERLY SCHEDULE

Building Name	Location	Specific Location	Model #	Type	Other	Tagged	Tagged Date	Inspected By	Comments/Observations
	Top floor-3rd	#2 Top of stairwell	ZP-641-296	PC 10H ABC-1	60-Dry Chem.	X	#2 May 2013	Frank Gionetta	Technician signed off as well.
	Basement	#3 Hallway	ZP-641-309	PC 10H ABC-1	60-Dry Chem.	X	#3 May 2013	Frank Gionetta	*Needs to be checked
Mijim Building	Kitchen Area	#1 Kitchen Floor-Near Stove/On Floor	05148	ABC-10P	803 Bottom	X	#1 Nov 15/07	Non-Beetle	Needs Wall Mounted
	Kitchen Area	#2 Kitchen Floor-Near Stove/On Floor	170104C	ABC-10-F	803 Bottom	X	#2 Nov 15/07	Non-Beetle	Needs Wall Mounted
	Downstairs-LC Shop	#3 Wood Shelves-West Side	CC720127	Dry Chemical	2014 Bottom	X	#3 No tag	Health&Welfare CAN	Needs Wall Mounted
	Downstairs-LC Shop	#4 Bench Clamp-On Floor	P766178C	ABC10N	1992 Bottom	X	#4 No tag	Health&Welfare CAN	Needs Wall Mounted
Community Hall	Main Entrance	#1 Main Entrance-Specific		PC 10H ABC-1		X	#1 April 15	S. Jacobs	
	Library	#2 Library-Specific		PC 10H ABC-1		X	#2 April 15	S. Jacobs	
	Main Hall	#3 Rings-in Hall-Specific		PC 10H ABC-1		X	#3 June #14	F. Gionetta	
	Main Hall	#4 Main Door-Specific		PC 10H ABC-1		X	#4 June 2014	F. Gionetta	
	Literacy	#5 Classroom-Specific	045434C	Dry Chemical		X	#5		
		#6					#6		
		#7					#7		
Education Building	Main Entrance	#1 Beside Director Office-Specific	ZP641290	Dry Chemical	None	X	#1 March 2014	F. Gionetta	
	Kitchen	#2 Beside Main Door-Specific	ZP641305	Dry Chemical	None	X	#2 March 2014	F. Gionetta	
		#3 Beside Stove-Specific	ZP641308	Dry Chemical		X	#3 March 2014	F. Gionetta	On The Floor
		#4					#4		
		#5					#5		
Red Pine Lodge	Common Area	#1 Closet to offices	VY-843557	3A09BC	NCA-03	X	#1 June 2014	?	Needs to be checked Fastened to Wall
	Hallway-past kitchen	#2 Near Laundry Room	VY-843756	3A09BC	NCA-03	X	#2 June 2014	?	Needs to be checked Fastened to Wall
Day Care	Main Entrance	#1 Right wall	ABC050-E	Dry Chem. Multi purpose		X	#1 Jan 2015	Frank Gionetta	Frank inspects at least once or twice a year. Also inspected once a year by Troy Fire and Sprinkler from SSM.
	Kitchen	#2 Far end wall beside fridge	W8DL-ABC-310P	Dry Chem-Multi Purpose		X	#2 Jan. 2015	Frank Gionetta	
	Electrical Room	#3 Electrical door near kitchen	W8DL-ABC-310P	Dry Chem-Multi Purpose		X	#3 Jan. 2015	Frank Gionetta	
	Hallway	#4 Between Presch. And After Sch. room	W8DL-ABC-310P	Dry Chem-Multi Purpose		X	#4 Jan. 2015	Frank Gionetta	
	Back Exit	#5 Right side of Back entrance	W8SF-ABC-SA	Dry Chem-Multi purpose		X	#5Jan. 2015	Frank Gionetta	

2 JHSC Fire Extinguisher Inspection Schedule – Mississauga First Nation Buildings
 Developed June 10, 2015

FIRE EXTINGUISHER INSPECTION QUARTERLY SCHEDULE

Fire Extinguisher Checklist

- Ensure description location and specific location as described on Fire Extinguisher Monthly Schedule is correct.
 - Check Model #, Fire Extinguisher Type is the proper one being inspected
 - If incorrect, please ensure this is reported to Human Resources so that appropriate changes are made.
 - If the fire extinguisher is not attached to wall, please report to Human Resources or Infrastructure Manager.
 - If the fire extinguisher is does not fit device, please report to Human Resources or Infrastructure Manager.
- Check and inspect fire extinguisher;
 - Check Model #, Fire Extinguisher Type is the proper one being inspected.
 - If there is no tag, ensure that a tag is attached to fire extinguisher.
 - Complete fire extinguisher inspection, signed off and date tag.
- Once Fire Extinguisher Monthly Schedule inspection is complete, return to Infrastructure Manager which will submit this form to JHSC monthly meeting.
- Quarterly Fire Extinguisher Monthly Schedule is as follows:
 - ◆ 2nd Friday in January, and
 - ◆ 2nd Friday in April, and
 - ◆ 2nd Friday in July, and
 - ◆ 2nd Friday in October.

3 JHSC Fire Extinguisher Inspection Schedule – Mississauga First Nation Buildings
 Developed June 10, 2015



Monthly AED Inspections Schedule 2016

Proposed Schedule	Actual Date Inspected Dreamcatchers	Inspection was completed by	Actual Date Inspected Sports Complex	Inspection was completed by	Actual Date Inspected Red Pine Lodge	Inspection was completed by
08-Mar-16	08-Mar-16	Rita Chiblow	08-Mar-16	Rita Chiblow	08-Mar-16	Rita Chiblow
08-Apr-16						
03-May-16						
07-Jun-16						
05-Jul-16						
09-Aug-16						
06-Sep-16						
04-Oct-16						
08-Nov-16						
06-Dec-16						

Legend: (W) Worker (M) Manager
 Note: that in the absence of a worker or manager the inspection will occur with the following replacements:
 (W/A)Worker Alternate: Rita Chiblow (M/A) Manager Alternate: Shella Niganobe

Version: March 8, 2016

Bulletin Board Inspection – 2017

Building Name: _____ **Date:** _____

Inspected by: _____

1. Canada Labour Code – Health and Safety _____
2. OHS Book _____
3. MFN Health and Safety Policy _____
4. MFN Anti-Violence & Harassment Policy _____
5. JHSC Membership List _____
6. Minutes of Last Meeting Minutes _____
7. WSIB In Case of Injury Poster _____
8. Specific Building Inspection (date _____) _____
9. Reports:
 - a. Fire Inspection _____
 - b. AED Inspection _____
 - c. First Aid Inspection _____
 - d. CO2 Inspection _____
10. JHSC Roles and Responsibilities _____
11. JHSC Terms of Reference _____
12. Health and Safety Poster _____
13. Meeting Inspection Schedule _____
14. Building Inspection Schedule _____
15. Emergency Numbers _____



Workplace Inspection Monitoring Form

Building Inspection Monitoring Form For: _____

Address of Building: _____

Manager For Worksite Area: _____

As per Section 9 (23-30), it is the legal duty of the worker members of the JHSC to conduct monthly inspections of the workplace. It is recommended that the inspection be conducted by a **worker member** of the JHSC, **management member** of the JHSC and the **manager of the area being inspected**. If only inspection part of the JHSC must establish a yearly schedule.

This Workplace Inspection Monitoring Form is to be used with each scheduled workplace inspection, as well as fire extinguishers, First Aid Kits and AED inspections. Thus form is to assist JHSC in ensuring that follow-up and monitoring of workplace hazard is addressed by the employer in a timely manner. Please complete each Step and Initial each step, and forward to the appropriate individual as required.

STEP ONE:	(Month, Day, Year)	Initial
Identify Date/Type of Inspection:		
Date Submitted to HR Department		

STEP TWO:	(Month, Day, Year)	Initial
Copy Retained by Workplace Area Manager		

STEP THREE:	(Month, Day, Year)	Initial
Deadline for Manager Completes `Action Taken` and returns to HR Dept. within 30 days		
Date Received by Manager		

STEP FOUR:	(Month, Day, Year)	Initial
Inspection Report submitted to JHSC for Review and Recommendation by HR Advisor		

STEP FIVE:	(Month, Day, Year)	Initial
Unresolved issues are added by JHSC for Recommendation to Director of Operations or RMSP Director - Health and Safety Deficiency Action Request Form		
Deadline for Management to respond to Recommendation within 21 days		
Date Report Returned to HR Dept.		
Comments:		

Form: Workplace Inspection Monitoring Form
Version Jan.30.2017

Date of Investigation: _____
 Time of Investigation: _____
 Location of Investigation: _____

Names of Investigators: Initial \Signature: _____
 JHSC Worker Representative: Name _____
 JHSC Manager Representative: Name _____
 Observer: JHSC Worker Representative: Rita Chiklow, HR Advisor

Name of Injured Person	Employee #	DOB

Location of Mishap (Be Specific)	Date and Time of Mishap	Date and Time Reported
	Date: _____ Time: _____	Date: _____ Time: _____
	AM PM	AM PM

Summary of Reported Incident: _____

Findings: _____

- Recommendations:**
1. _____
 2. _____
 3. _____

Follow-Up:

1. _____
2. _____

Mishap Pictures: _____

Picture Details:
 Location: _____
 Address: _____
 Description: _____



Mississauga First Nation Modified Work Agreement

The Mississauga First Nation is dedicated to preventing wage loss by offering suitable, meaningful work as a result of work related injury. An employee does not waive his or her right in seeking medical attention at an external facility, should this be necessary.

You, _____, injured your _____
(Employee's Name) (Body Part/ Area of Injury)

on _____. This injury prevents you from _____
(Date of Injury)

(Standard precautions—see below)

Suitable work is available as of: _____ The job offered is: _____
(Date) (Job Title)

You will be required to: _____

(Job duties, outline)

You are also required to meet with your supervisor and health and Safety on a weekly basis to update, review and monitor your recovery process.

Hours of work: _____

This Modified Work Agreement expires one week from the date that the suitable work is available.

Your next Modified Work meeting will be: _____ at _____ am / pm.
(Date) (Time)

 Supervisor—Please Print Supervisors' Signature Date

 Employee —Please Print Employees' Signature Date

Standard Precautions

Back No bending, twisting, turning
 Prolonged weight bearing (sitting, standing or walking)
 Repetitive lifting
 Heavy push or pulling
 Heaving lifting

Shoulder Heavy lifting
 Above shoulder work
 Repetitive push/pull

Neck Repetitive neck movement
 Above shoulder or overhead activity

Upper Extremities (elbow, wrist, hand)
 Repetitive movement of affected joints
 Heavy lifting
 Repetitive gripping

Lower Extremities (hip, knee, ankle)
 Prolonged weight bearing
 Repetitive movement of the affected joint

CAC
APPROVE
MAY 03 2017
CE

JOINT HEALTH and SAFETY COMMITTEE
TERMS OF REFERENCE

PURPOSE

The Joint Health and Safety Committee is a group of Mississauga First Nation employees consisting of management staff who are committed to ensuring a safe and healthy workplace.

The purpose of the Joint Health and Safety Program is to promote employee safety through education, training and awareness. It is to encourage co-operation between workers, management and the Joint Health and Safety Committee. This program follows the Occupational Health and Safety (Part II) of the Canada Labour Code (CLC), the Ontario Occupational Health and Safety Act and Regulations and the Workplace Safety Insurance Board (WSIB) and all amendments thereto.

ACCOUNTABILITY

The Joint Health and Safety Committee is directly accountable through the Risk Management and Strategic Plan Director and the Director of Operations to Chief and Council (Administration Portfolio) through submission of monthly minutes and indirectly accountable to all employees through posting of monthly minutes, inspections and investigations.

FUNCTION

The Function of the Mississauga First Nation Joint Health and Safety Committee is:

- ✓ To identify, evaluate and recommend a resolution of all matters pertaining to health and safety in the work to management;
- ✓ To recommend continuing education and training programs in order that all employees are knowledgeable rights, responsibilities and duties under the Occupational Health and Safety Act and the Mississauga Fire Policies and Procedures;
- ✓ To address matters related to Hazardous Materials, where applicable;
- ✓ To deal with any health, safety or environmental matters that the Joint Health and Safety Committee deem appropriate; and,
- ✓ To work in compliance with Section 9 of the Occupational Health and Safety Act and the Canada Labour Code.

Inspections

The members of the Joint Health and Safety Committee as per a predetermined schedule set annually by the committee, who represent workers shall inspect the physical condition of the workplace (in part) at least once monthly, and as a whole the entire workplace annually. Where possible the inspection of the workplace should be completed jointly between management and worker representatives.

All health and safety concerns noted during the inspection will be recorded on the standard workplace inspection and forwarded to the committee for consideration as soon as possible.

The workplace inspection form will also be forwarded to the Department Manager for action. The Department Manager will inform the Joint Health and Safety Committee of the status of the outstanding items before the next committee meeting. Unresolved items will be actioned by the committee at each meeting and forwarded in recommendation form to the Director of Operations and the Risk Management Strategic Planning Director.

Recommendations

The Joint Health and Safety Committee will make written recommendations using the standard Health and Safety Deficiency Action Request form.

Joint Health and Safety Committee Terms of Reference (2011) amended (2014)
Reviewed and Approved by JHSC: 2014-07-16
Date Approved by Chief and Council: 2014-08-13

Recommendations will be signed by the Chair and forwarded to the Director of Operations for response.

Within 21 days, the Director of Operations will communicate in writing directly to the Joint Health and Safety Committee in compliance with Section 9(2) and 9(2.1) of the Occupational Health and Safety Act.

Incident Investigation

The worker members of the Joint Health and Safety Committee will designate a certified worker member to investigate all critical and fatal workplace incidents. In addition, the worker member may investigate incidents that had the potential to be serious incident or result in injury.

Work Refusal

The worker members of the Joint Health and Safety Committee shall designate a certified worker member to investigate work refusals as outlined under Section 43 of the Occupational Health and Safety Act.

Dangerous Circumstances Investigations

Where a complaint of dangerous circumstances has been reported to the certified worker member of the Joint Health and Safety Committee, he/she may investigate the complaint as outlined under Section 48 of the Occupational Health and Safety Act.

Induction of New Members

New members of the Joint Health and Safety Committee shall receive the following orientation:

- ✓ A copy of the approved terms of reference;
- ✓ A copy and review of the last twelve meeting minutes by the co-chairs;
- ✓ Training in Healthy and Safety, Hazard Identification, Workplace Inspection, Investigating Incidents; and,
- ✓ A general orientation by the Risk Management and Strategic Planning Director.

MEMBERSHIP

The Joint Health and Safety Committee shall consist of a minimum of five (5) volunteer members. Two (2) members shall be managers and three (3) members shall be workers.

Employer reps exercising managerial functions, if not volunteered, shall be appointed to the committee by the Director of Operations.

The Risk Management and Strategic Planning Director shall be a non-voting member of the committee to provide advice, assistance and administrative support.

Co-chairs

There shall be Chair, one (1) representing the employer and one (1) representing the workers.

The Chairs will alternate chairing meetings between management and workers. Should the designated chair not be available to attend a meeting, the next Chair will organize and preside over the meeting.

The Chairs may rotate every two (2) months following the order listed on the approved membership list.

A Chair may, with the consent of his/her counterpart, invite any additional person(s) to attend the meeting to provide additional information and comment, but shall not participate in the regular business of the meeting.

Roles and Responsibilities of Co-chairs

- ✓ To chair the meetings, to keep order and continuance;
- ✓ Ensure quorum; and,
- ✓ Asks for comments/input from all committee members in attendance.

Joint Health and Safety Committee Terms of Reference (2011) amended (2014)
Reviewed and Approved by JHSC: 2014-07-16
Date Approved by Chief and Council: 2014-08-13

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Selection of Secretary

The committee will have a secretary made available by the Director of Operations/Risk Management & Strategic Planning Director, for each meeting. The secretary will, at the direction of the Human Resources Advisor, transcribe the meetings' minutes.

The secretary will not participate in the regular business of the meeting.

QUORUM

The quorum of the committee is five (5) members. Two (2) members shall be management representatives; three (3) members shall be worker representatives.

TERM OF OFFICE

Each member shall serve a term of three (3) years. A committee member may volunteer for additional terms.

MEETING DATES

The Joint Health and Safety Committee shall meet once a month on the third Wednesday of the month at 10:00 a.m. Emergency meetings may be called as required. Meetings shall be no more than two (2) hours in length.

AGENDA

The Agenda of the Joint Health and Safety Committee meeting will be as follows:

1. Opening
2. Adoption of Agenda
3. Approval of Minutes
4. Business Arising from Minutes
5. New Business
6. Inspections/Reports
7. Round Table
8. Next Co-Chairs and Next Meeting Date
9. Adjournment

APPROVAL BY CHIEF AND COUNCIL

The Committee's membership and Terms of Reference must be approved by Chief and Council.

REVIEW OF TERMS OF REFERENCE

The Terms of Reference are to be reviewed by the Committee on an annual basis.

Joint Health and Safety Committee Terms of Reference (2011) amended (2014)
Reviewed and Approved by JHSC: 2014-07-16
Date Approved by Chief and Council: 2014-08-13

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Joint Health and Safety Committee Meeting
Wednesday, January 26, 2017
12:00 Noon Chief and Council Chambers

AGENDA

- 1. Brown Bag Luncheon Meeting 12:00 noon**
- 2. Opening (Rita Chiblow)**
- 3. Adoption of Agenda**
- 4. Approval of November 19, 2017 Minutes**
- 5. Business Arising from Minutes**
 - a. Fire Extinguishers Inspection Schedule
 - b. JHSC Bulletin Boards
 - c. HR Downloads
 - d. Health and Safety Policy Update
 - e. COJG Training Proposal
- 6. New Business**
 - Review Terms of Reference
 - Schedule 2017 Meetings
 - Schedule Building Inspections
 - Other Inspections Options
- 7. Inspections/Reports**
 - Incident Reports for October, November and December
- 8. Round Table Discussion**
- 9. Next Co-Chairs & Next Meeting Date**

Wednesday, Feb 20, 2016 @ 10:00 a.m. in Chief and Council Chambers
New Chair (Worker)
- 10. Adjournment**

Employer's Annual Hazardous Occurrence Report – Reporting year 2016

Company legal N	Mississauga First Nation	Employer number (EID ID)	118265
Company	Same	Date of submission	2017-03-01
Mailing address	P.O. Box 1299, Blind River, ON P0R 1B0		
if it is different			
Submitting Officer's Name	Rita Chblow	Email	rtac@mississaugi.com
		Telephone	(705) 356-1621
How to Submit your report at this Need help?	Attestation: I hereby certify, on behalf of my employer, that the information contained in this report is, to the best of my knowledge and belief, true and accurate. EAHOR INSTRUCTIONS		

Submit your report at this Need help?
<https://sv115.services.gc.ca/>
EAHOR.INFO-RAESCR.INFO@labour-travail.gc.ca
 1-800-641-4049

Employer Information				Address of Workplace						Injury Data				Employment Data				Comments	
Workplace number	Workplace Name	Workplace Type HQ / BR	Workplace Reference Number	Address line 1	Address line 2	City	Province	Country	Postal Code	No. of disabling injuries	No. of deaths	No# of minor injuries	Number of other hazardous occurrences	Total number of employees	Number of office employees	Total number of hours worked	In operation Y / N		Date Ceased MM-DD-YYYY
118265	Mississauga First Nation	HQ	1	64 Park Rd	Box 1299	Blind River	Ontario	CANADA	P0R1B0	1	0	13	4	111	76	208125	Yes		



(For Labour Program use only)
Department File No.
Regional Office
Employer identification No.

WORK PLACE COMMITTEE REPORT

SCHEDULE(SCHEDULE 10)

Employer name and mailing address	Committee exemption pursuant to subsection 135(6)(a) of the Act <input type="checkbox"/> Yes
Postal code	Number of employees represented by committee <input type="text"/>
Committee name/work place/address if different from above	Number of trade union(s) employee committee members <input type="text"/>
Postal code	Number of non-trade union employee committee members <input type="text"/>
Contact person	Number of employer committee members <input type="text"/>
Telephone No.	Total committee membership <input type="text"/>
	Trade union(s) <input type="text"/>

		Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
Meetings	Regular													
	Special													
Complaints	Received													
	Resolved													
	Unresolved													
Refusals to work	Received													
	Resolved													
	Unresolved													
Inquiries, Investigations and Inspections														
Programs, measures and procedures monitored														
Health and safety hazards	Identified													
	Resolved													
	Unresolved													
Injuries	Disabling injuries													
	Minor injuries													
	Time lost due to injuries													

Please highlight any special programs, inquiries, unresolved issues or other points significant to the Committee that occurred during the previous 12 months ending December 31. (Attach sheet for additional information.)

Employee Chairman		
Please print name	Signature	Date
Employer Chairman		
Please print name	Signature	Date